

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091810

Entity Name: FRAGRANCE FORWARDERS,LLC

FILED  
Sep 03, 2008  
Secretary of State

## Current Principal Place of Business:

11352 NW 46TH LANE  
DORAL, FL 33178 US

## New Principal Place of Business:

1835 NW 112 AVE  
SUITE 184  
DORAL, FL 33172 US

## Current Mailing Address:

11352 NW 46TH LANE  
DORAL, FL 33178 US

## New Mailing Address:

1835 NW 112 AVE  
SUITE 184  
DORAL, FL 33172 US

FEI Number: 20-5581571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

YOLIANYS, VILLALOBOS PR  
11352 NW 46TH LANE  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HECTOR, RAMIREZ MGR  
Address: 11352 NW 46TH LANE  
City-St-Zip: DORAL, FL 33178 US

Title: MGR ( ) Delete  
Name: VILLALOBOS, LENIN T MGR  
Address: 11352 NW 46TH LANE  
City-St-Zip: DORAL, FL 33178 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: YOLIANYS VILLALOBOS

PR

09/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date