2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000095613 1. Entity Name M.A.C. BOUTIQUE, LLC



FILED Feb 11, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

35 NORTHEAST 38TH STREET MIAMI, FL 33137

35 NORTHEAST 38TH STREET MIAMIL FL 33137

|--|

01292008 No Chg-LLC

CR2E083 (12/07)

4	FEi Number	
	20-8344096	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

8.	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.	. I am familiar with, and accept
1	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and trile if applicable.

(NOTE: Registered Agent aignature required when rematating)

DATE

FILE NOW!!) FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

02/19/08-80046-002 138 75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCEMLA, SEBASTIEN 35 NORTHEAST 38TH STREET MIAM), FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCEMLA, MURIEL 35 NORTHEAST 38TH STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this litting gives not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my lighature shall have the same legal effect as if made under onth; that I am a managing member or manager of the limited liability company or the receiver or justed empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MATURE AND TOWED ON FRUITED MAKE OF BIOMED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2 05-08/2

5)3164476