

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120081

Entity Name: MIA BELLE BABY LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

19501 NE 10 AVE.
SUITE 200
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

19501 NE 10 AVE.
SUITE 200
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 20-8617537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENBERG, MARC A
19501 WEST COUNTRY CLUB DR
APT 805
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GRINER, ELINA
2575 NE 206 LN
MIAMI, FL 33180 US

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: ELINA GRINER

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRINER, EMMA
Address: 21050 NE 38TH AVE #806
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: GRINER, MICHAEL
Address: 21050 NE 38TH AVE #806
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: GRINER, ELINA
Address: 2575 N.E. 206 LN
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES:

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

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: ELINA GRINER

PRES

04/14/2009

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