

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90139 040 ***138.75

DOCUMENT # L07000016131

1. Entity Name
SELECTIVE FRAGRANCES LLC



Principal Place of Business
4101 RAVENSWOOD RD.
SUITE 401
FORT LAUDERDALE, FL 33312

Mailing Address
4101 RAVENSWOOD RD.
SUITE 401
FORT LAUDERDALE, FL 33312

60007381



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8427881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEKACH, ZALMAN
3400 SW 26TH TERRACE
A-8
FORT LAUDERDALE, FL 33312

Name

LEKACH, ZALMAN
Street Address (P.O. Box Number is Not Acceptable)
4101 RAVENSWOOD RD, SUITE 401

City

FORT LAUDERDALE

FL

Zip Code

33312

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LEKACH, ZALMAN
4101 RAVENSWOOD RD., SUITE 401
FORT LAUDERDALE, FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FELDMAN, BRYAN
4101 RAVENSWOOD RD., SUITE 401
FORT LAUDERDALE, FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does 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 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

ZALMAN LEKACH - MGR

02/05/08