

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033288

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** THE WOMEN'S ROOM, LLC

**Current Principal Place of Business:**

60 EDGEWATER DRIVE  
UNIT 5C  
CORAL GABLES, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

60 EDGEWATER DRIVE  
UNIT 5C  
CORAL GABLES, FL 33133 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, ROBERT J  
1110 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131 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  
Name: NICASTRI, H. JEANNE  
Address: 60 EDGEWATER DRIVE, UNIT 5C  
City-St-Zip: CORAL GABLES, FL 33133

I hereby 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: H. JEANNE NICASTRI

MGR

01/17/2012

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