## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # L07000036180

1. Entity Name FRENCH DESIGN LLC



**FILED** Jul 14, 2008 8:00 am Secretary of State 07-14-2008 90097 046 \*\*\*138.75

			CONT.				
Principal Place of Business 3701 DURANGO STREET CORAL GABLES, FL 33134		Mailing Address 3701 DURANGO STREET CORAL GABLES, FL 33134			IN <b>Ab</b> ire ( <b>Bb</b> i) <b>Bbil Bb</b> in <b>Ga</b> in		7241 (II IAA)
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07092008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numi 52 - 2	oer L062287	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	plied For
Zip	Country	Zip	Country	1	e of Status Desired	S5.00 Add	litional
	6. Name and Address of Curre	nt Registered Agent		7. Name an	d Address of New R	egistered Agent	
3701 DUR	GE, MICHEL ANGO STREET ABLES, FL 33134	Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
		P.	City		<del></del>	FL Zlp Cod	9
8. The above the obligat SIGNATURE	named entity submits this statement itons of registered agent.  Signature, typed or printed name of registered age	suce to	e registered office or reg		oth, in the State of Fig. $7/$	rida. I am familiar with,	and accep
FILE NOWILL FEE IS \$138.75 In accordance with s. Due by September 12, 2008 liability company did r			s. 607.193(2)(b), F.S d not receive the prio	., the limited r notice.		e check payable to Department of State	9
9.	MANAGING MEMI	BERS/MANAGERS	10.		ADDITIONS/	CHANGES	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUSSUGE, MICHEL 3701 DURANGO STREET CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additic
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUSSUGE, JENNIFER 3701 DURANGO STREET CORAL GABLES, FL 33134	☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Additio
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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.

ichel Bournes 7/2/10