

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060887

Entity Name: MA CHERIE D'AMOUR LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

10300 W FOREST HILL BLVD, SUITE 196
WELLINGTON, FL 33414 US

Current Mailing Address:

10300 W FOREST HILL BLVD, SUITE 196
WELLINGTON, FL 33414 US

New Principal Place of Business:

6071 TOWN COLONY DRIVE
913
BOCA RATON, FL 33433 US

New Mailing Address:

6071 TOWN COLONY DRIVE
913
BOCA RATON, FL 33433 US

FEI Number: 02-0809208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CBS FINANCIAL CPA, PA
6209 W COMMERCIAL BLVD
7
TAMARAC, FL 33319 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: MGRM () Delete
Name: SIVIGLIA, FREDERIC
Address: 700 S FEDERAL HIGHWAY, SUITE 200
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR () Delete
Name: YONEZAWA, DEBORA S
Address: 11271 CORAL REEF DR
City-St-Zip: BOCA RATON, FL 33498 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIVIGLIA, FREDERIC
Address: 6071 TOWN COLONY DRIVE, # 913
City-St-Zip: BOCA RATON, FL 33433 US

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: FREDERIC SIVIGLIA

MGRM

04/29/2009

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