

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061446

Entity Name: V-BOUTIQUE, LLC

FILED  
Apr 03, 2009  
Secretary of State

**Current Principal Place of Business:**

101 JFK DRIVE  
ATLANTIS, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

101 JFK DRIVE  
ATLANTIS, FL 33462

**New Mailing Address:**

FEI Number: 26-0383826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VANDEN BOSCH, MATTHEW T  
301 CLEMATIS AVENUE  
SUITE 3000  
WEST PALM BEACH, FL 33401 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: BOYLE, THOMAS P MD  
Address: 17690 LOMOND COURT  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete  
Name: LEVINE, FELICE MD  
Address: 3560 SOUTH OCEAN BLVD, #201  
City-St-Zip: SOUTH PALM BEACH, FL 33480

Title: MGRM ( ) Delete  
Name: STANTON, WILLIAM MD  
Address: 6900 N.W. 3RD AVENUE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: VANDEN BOSCH, NEDA R MD  
Address: 8 HUDSON AVENUE  
City-St-Zip: OCEAN RIDGE, FL 33435

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOYLE, THOMAS P MD  
Address: 17824 VILLA CLUB WAY  
City-St-Zip: BOCA RATON, FL 33496

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: THOMAS P. BOYLE, MD

MGRM

04/03/2009

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