

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079010

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SJM WHOLESALE COSMETIC & VARIETY, LLC

**Current Principal Place of Business:**

1901 SW 100 TERRACE  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

2482 SW 106 AVE.  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 26-2581794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JULES, CELINE  
2482 SW 106 AVE.  
MIRAMAR, FL 33025 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 ( ) Delete  
Name: JULES, CELINE  
Address: 1901 SW 100 TERRACE  
City-St-Zip: MIRAMAR, FL 33025

Title: T ( ) Delete  
Name: FRITZNEL, FRANCOIS  
Address: 1901 SW 100 TERRACE  
City-St-Zip: MIRAMAR, FL 33025

Title: VP ( ) Delete  
Name: JULES, ASHLEY  
Address: 1901 SW 100 TERRACE  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES:**

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: CELINE JULES

MGR

04/21/2009

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