

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088199

FILED
Jan 27, 2009
Secretary of State

Entity Name: BOUTIQUE RENTALS, LLC

Current Principal Place of Business:

7120 INDIAN CREEK DR.
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

7120 INDIAN CREEK DR.
MIAMI BEACH, FL 33141

New Mailing Address:

2600 ISLAND BLVD.
UNIT 2002
AVENTURA, FL 33160

FEI Number: 26-0837012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALEMZUK, CARLOS
2600 ISLAND BLVD., UNIT 2002
AVENTURA, FL 33160 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: CALEMZUK, CARLOS
Address: 2600 ISLAND BOULEVARD, UNIT 2002
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: CALEMZUK, EMILIANO
Address: 2600 ISLAND BOULEVARD, UNIT 2002
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALEMZUK, CARLOS
Address: 2600 ISLAND BOULEVARD, UNIT 2002
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Change () Addition
Name: WINER, MIRTA
Address: 2600 ISLAND BOULEVARD, UNIT 2002
City-St-Zip: AVENTURA, FL 33160

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: CARLOS CALEMZUK

MGRM

01/27/2009

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