

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090726

FILED
Mar 30, 2009
Secretary of State

Entity Name: ST. TROPEZ DESIGN & DECOR, LLC

Current Principal Place of Business:

5400 WHITE OAK LANE
TAMARAC, FL 33319

New Principal Place of Business:

1010 E. LAS OLAS BLVD
FT. LAUDERDALE, FL 33301

Current Mailing Address:

5400 WHITE OAK LANE
TAMARAC, FL 33319

New Mailing Address:

1010 E. LAS OLAS BLVD
FT. LAUDERDALE, FL 33301

FEI Number: 51-0646668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURGOIGNIE, PIERRE T
1200 ANASTASIA AVENUE
410
CORAL GABLES, FL 33134 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: KISS, GERARD
Address: 5400 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

Title: MGRM () Delete
Name: KISS, CHRISTINE
Address: 5400 WHITE OAK LANE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KISS, GERARD
Address: 1010 E. LAS OLAS BLVD
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM (X) Change () Addition
Name: KISS, CHRISTINE
Address: 1010 E. LAS OLAS BLVD
City-St-Zip: FT. LAUDERDALE, FL 33301

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: GERARD KISS

MGRM

03/30/2009

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