

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098154

FILED
May 19, 2008
Secretary of State

Entity Name: SOUTH FLORIDA FRAGRANCES, LLC

Current Principal Place of Business:

4915 NW 159TH ST
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

4915 NW 159TH ST
MIAMI, FL 33014

New Mailing Address:

FEI Number: 42-1745858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRONFELD, MARK
1644 DIPLOMAT DR
N MIAMI BEACH, FL 33179 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: KRONFELD, MARK
Address: 4915 NW 159TH ST
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: MENSING, JOACHIM
Address: 4915 NW 159TH ST
City-St-Zip: MIAMI, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: REYES, AUGUSTIN III
Address: 4915 NW 159TH ST
City-St-Zip: MIAMI, FL 33014

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: MARK KRONFELD

MGRM

05/19/2008

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