

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000115966

1. Entity Name  
YVENS ST. CLAIR COUTURE, LLC



**FILED**  
08 APR 17 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4770 BISCAYNE BOULEVARD  
SUITE 400  
MIAMI, FL 33137

Mailing Address  
4770 BISCAYNE BOULEVARD  
SUITE 400  
MIAMI, FL 33137



2. Principal Place of Business - No P.O. Box #  
300 Arthur Godfrey Road

3. Mailing Address  
300 Arthur Godfrey Road

Suite, Apt. #, etc.  
Suite 203

Suite, Apt. #, etc.  
Suite 203

04072008 Chg-LLC CR2E083 (12/06)

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number  
26-2420293

Applied For  
Not Applicable

Zip  
33140

Country  
USA

Zip  
33140

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEIMECK, ANGELA  
4770 BISCAYNE BOULEVARD  
SUITE 400  
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name  
CorpDirect Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
515 East Park Avenue

City  
Tallahassee FL Zip Code  
32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*May A Assistant Secretary*

(NOTE: Registered Agent signature required when reattaching)

4/17/08

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NEIMECK, ANGELA  
4770 BISCAYNE BOULEVARD, SUITE 400  
MIAMI, FL 33137 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Akiva Shawel  
300 Arthur Godfrey Road, Suite 203  
Miami Beach, FL 33140 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Simon Segelman  
300 Arthur Godfrey Road, Suite 203  
Miami Beach, FL 33140 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Yvens St. Clair  
300 Arthur Godfrey Road, Suite 203  
Miami Beach, FL 33140 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100123891011  
04/16/08--01001--023 \*\*147.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100123891011  
04/17/08--01007--018 \*\*135.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #