2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jun 06, 2008 8:00 am Secretary of State



1. Entity Nam	MENT # L07000110			06-06-2008 90104 032 ***138.75			
Principal Place of Business 2889 MACFARLANE ROAD UNIT 2104 COCONUT GROVE, FL 33133		Mailing Address 2889 MACFARLANE ROAD UNIT 2104 COCONUT GROVE, FL 33133			# ### HED EEN SEN EE	BI (1881 1181) AINB ITH IRAN	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Av. Marseille					
Suite, Apt. #, etc.		Suito, Apt. #, otc. Villa Cedar key		05272008	Chg-LLC	CR2E083 (12/06)	·
City & State	e	City & State STELLA	•	4. FEI Numb	166409		pplied For ot Applicabl
Zìp	Country	Zip 62780	Country FRANCE	5. Certificate	e of Status Desired	S5.00 Ac	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	legistered Agent	
	CE OF RENAE MELTZER CAYNE BLVD. 201 33161		Name Street Addre	ss (P.O. Box Numb	per is Not Acceptable	e)	
			City			FL Zip Co	de
	named entity submits this statement for lons of registered agent.	r the purpose of changing its i	registered office or regi	stered agent, or be	oth, in the State of Fk	orida. I am familiar with	, and accep
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if equiposhie /NOTE	: Registered Agent signature rec	uirad when reinetation)		DATE	
- <u></u>	aginative, typed or printed rights or registered agents	III THE REPORT OF THE PERSON O	. nogleteleti Agerii signeture rec	uned when removating)	<u> </u>	DATE	·
	E NOW!!! FEE 18 \$138.75 by September 12, 2008	i. 607.193(2)(b), F.S. not receive the prior	, the limited notice.		te check payable to a Department of Sta	te	
9. •	MANAGING MEMBE	L RS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGRM	☐ Defete	TITLE	*		☐ Change	☐ Additio
NAME	LESUR, MARC		NAME				
STREET ADDRESS CITY-ST-ZIP	VILLA MITRUNY FRANCOIS GO LE TOUQUET, OC 62520	***************************************					
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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 emprovered to execute this report as required by Chapter 608, Florida Statutes.

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