

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121179

Entity Name: REPERTOIRE, L.L.C.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

12425 N.E. 13TH AVENUE, #3
NORTH MIAMI, FL 33161

New Principal Place of Business:

12425 N.E. 13TH AVENUE, #6
NORTH MIAMI, FL 33161

Current Mailing Address:

12425 N.E. 13TH AVENUE, #3
NORTH MIAMI, FL 33161

New Mailing Address:

8836 HARDING AVE
SURFSIDE, FL 33154

FEI Number: 41-2261597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REPERT, STEVEN
12425 N.E. 13TH AVENUE, #3
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

REPERT, STEVEN
12425 N.E. 13TH AVENUE, #6
NORTH MIAMI, FL 33161 US

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:

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REPERT, STEVEN
Address: 12425 N.E. 13TH AVENUE, #3
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGRM () Delete
Name: JACOB, SARAH
Address: 8836 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REPERT, STEVEN
Address: 12425 N.E. 13TH AVENUE, #6
City-St-Zip: NORTH MIAMI, FL 33161

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: STEVEN REPERT

MGRM

04/26/2009

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