

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124242

FILED
Apr 14, 2009
Secretary of State

Entity Name: BOUTIQ MIAMI LLC

Current Principal Place of Business:

681 WASHINGTON
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

681 WASHINGTON AVE
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1210 WASHINGTON AVE
SUITE 270
MIAMI BEACH, FL 33139 US

New Mailing Address:

407 LINCOLN ROAD
PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139 US

FEI Number: 26-1621378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKS, ANDREW L
7103 SW 102 AVE
MIAMI, FL 33173 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: RUNDLE, JUSTIN R
Address: 681 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: WAKS, JEREMY L
Address: 681 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: SWITKES, MATTHEW D
Address: 681 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

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

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

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: MATTHEW SWITKES

MGRM

04/14/2009

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