

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042919

Entity Name: STYLE EXCHANGE LLC

FILED  
Sep 14, 2009  
Secretary of State

**Current Principal Place of Business:**

3301 N COUNTRY CLUB DRIVE  
706  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3301 N COUNTRY CLUB DRIVE  
706  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 26-2507336      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:**

**Name and Address of New Registered Agent:**

COHEN, ELAN  
3301 N COUNTRY CLUB DRIVE  
706  
AVENTURA, FL 33180 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COHEN, ELAN  
Address: 3301 N COUNTRY CLUB DRIVE #706  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: VOUGHADANA, GERALD  
Address: 19390 COLLINS AVE #1208  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

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: ELAN COHEN

MGM

09/14/2009

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