

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048092

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** BARBIZON USA SOUTHWEST LLC

**Current Principal Place of Business:**

4950 WEST KENNEDY DRIVE  
SUITE 200  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4950 WEST KENNEDY DRIVE  
SUITE 200  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 26-2698449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRIS, DAVID  
3111 NORTH UNIVERSITY DRIVE, SUITE 1002  
CORAL SPRINGS, FL 33065 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:** COO  
**Name:** LABELLE, LAURA  
**Address:** 4950 W. KENNEDY BLVD SUITE 200  
**City-St-Zip:** TAMPA, FL 33609

**Title:** CFO  
**Name:** VAN SANT, PAMELA  
**Address:** 4950 W. KENNEDY BLVD SUITE 200  
**City-St-Zip:** TAMPA, FL 33609

I hereby 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:** PAMELA VAN SANT

CFO

04/29/2012

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