

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104275

FILED
Mar 06, 2009
Secretary of State

Entity Name: AVENUE CHEMICAL COMPANY, LLC

Current Principal Place of Business:

701 S OLIVE AVE
#2015
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

277 ROYAL POINCIANA WAY
SUITE 196
PALM BEACH, FL 33480 US

FEI Number: 26-3686398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGAE, AMY D
701 S OLIVE AVE
#2015
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

801 SOUTH OLIVE AVENUE
#126
WEST PALM BEACH, FL 33401 US

New Mailing Address:

801 SOUTH OLIVE AVENUE
#126
WEST PALM BEACH, FL 33401 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: MGR () Delete
Name: HONIG, KIMBERLY A
Address: 801 S OLIVE AVE #1115
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: LAGAE, AMY D
Address: 701 S OLIVE AVE #2015
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: HONIG, KIMBERLY A
Address: 801 S OLIVE AVE #1115
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PR (X) Change () Addition
Name: LAGAE, AMY D
Address: 701 S OLIVE AVE #2015
City-St-Zip: WEST PALM BEACH, FL 33401

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: KIMBERLY A HONIG

VP

03/06/2009

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