

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114113

Entity Name: GABBY R.C. LLC

FILED
Jun 25, 2009
Secretary of State

Current Principal Place of Business:

18800 NE 29TH AVE
7
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18800 NE 29TH AVE
7
AVENTURA, FL 33180

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

COHEN, RAN
18800 NE 29TH AVE
7
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LUSTIG, MAUD
18800 NE 29TH AVE
7
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: MAUD LUSTIG

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, RAN
Address: 18800 NE 29TH AVE
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete
Name: MEDIONI, EDOUARD
Address: 18800 NE 29TH AVE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUSTIG, MAUD
Address: 18800 NE 29TH AVE
City-St-Zip: AVENTURA, FL 33180

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: MAUD LUSTIG

MGRM

06/25/2009

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