

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007890

Entity Name: BY LILLA, LLC

**FILED**  
**Aug 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9553 HARDING AVE  
SUITE 302  
AVENTURA, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

21156 NE 33RD AVE  
AVENTURA, FL 33180

**New Mailing Address:**

3752 NE 199TH ST  
AVENTURA, FL 33180

FEI Number: 26-4118620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FELDMAN, COLETTE  
21156 NE 33RD AVE  
AVENTURA, FL 33180 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  
Name: FELDMAN, COLETTE  
Address: 3752 NE 199TH STREET  
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM  
Name: ARIAS STORM, NATALIA  
Address: 171 NORTH SHORE DR APT 303  
City-St-Zip: MIAMI BEACH,, FL 33141 US

Title: MGRM  
Name: FINVARB POSSIN, MICHELLE  
Address: 9461 E. BROADVIEW DR  
City-St-Zip: BAY HARBOR, FL 33154

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: COLETTE FELDMAN

MRS

08/27/2012

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