

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078062

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** LUXURY RETAIL SAWGRASS, LLC

**Current Principal Place of Business:**

1800 SAWGRASS CIRCLE  
K102  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

4655 N.W. 103RD AVENUE  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 27-0736974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, ISAAC  
4655 N.W. 103RD AVENUE  
SUNRISE, FL 33351 US

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

FLORENS, SAMUEL  
4655 N.W. 103RD AVENUE  
SUNRISE, FL 33351 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:** SAMUEL FLORENS

03/24/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FLORENS, SAMUEL  
**Address:** 4655 N.W. 103RD AVENUE  
**City-St-Zip:** SUNRISE, FL 33351 US

**Title:** MGRM  
**Name:** FLORENS, JACOBO  
**Address:** 4655 N.W. 103RD AVENUE  
**City-St-Zip:** SUNRISE, FL 33351 US

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:** SAMUEL FLORENS

MR.

03/24/2010

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