

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078062

**FILED**  
**Mar 29, 2011**  
**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:**

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

03/29/2011

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