

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084387

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** FLIRTATION CABARET, LLC

**Current Principal Place of Business:**

284 RADA CT.  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

284 RADA COURT  
CORAL GABLES, FL 33143 US

**Current Mailing Address:**

284 RADA CT.  
CORAL GABLES, FL 33143

**New Mailing Address:**

284 RADA COURT  
CORAL GABLES, FL 33143 US

**FEI Number:** 27-0749882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRONACHER, DEAN  
284 RADA CT.  
CORAL GABLES, FL 33143 US

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

KRONACHER, DEAN  
284 RADA COURT  
CORAL GABLES, FL 33143 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:**

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KRONACHER, DEAN  
**Address:** 284 RADA COURT  
**City-St-Zip:** CORAL GABLES, FL 33143

**Title:** MGRM  
**Name:** KRONACHER, NORMAN  
**Address:** 284 RADA COURT  
**City-St-Zip:** CORAL GABLES, FL 33143

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:** DEAN KRONACHER

MGRM

04/21/2010

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