

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110783

Entity Name: KAMELEON, LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3199 COMMODORE PLAZA  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3199 COMMODORE PLAZA  
COCONUT GROVE, FL 33133 FL

**New Mailing Address:**

FEI Number: 27-1333111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A.R.S. AND ASSOCIATES INC  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, 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: MGR  
Name: VALCESCHINI, GILLES  
Address: 141 EDGEWATER DRIVE  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: MGR  
Name: CHICHERIE, LIONEL  
Address: 141 EDGEWATER DRIVE  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: MGRM  
Name: GILLIO INVEST INC  
Address: UGO DI ROMA 2801 FLORIDA AVE UNIT B  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM  
Name: HOLCRIS SAS  
Address: 2 RUE SAINT FARON  
City-St-Zip: 77100 MEAUX, FRANCE, XX

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: GILLES VALCESCHINI

MGR

04/18/2012

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