

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064525

Entity Name: DESIMA PERFUMES LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6187 NW 167 ST  
H21  
HIALEAH, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6187 NW 167 ST  
H21  
HIALEAH, FL 33015 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHOCRON, SIMON  
6187 NW 167 ST  
H21  
HIALEAH, FL 33015 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: CHOCRON, SIMON  
Address: 6187 NW 167 ST, STE H21  
City-St-Zip: HIALEAH, FL 33015 US

Title: MGRM  
Name: DESIMA, INC.  
Address: 6187 NW 167 ST, STE H21  
City-St-Zip: HIALEAH, FL 33015 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: SIMON CHOCRON

MGRM

03/15/2011

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