

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103771

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** JEAN JOSEPH ENTERPRISES, LLC

**Current Principal Place of Business:**

900 NW 142ND STREET  
MIAMI, FL 33168 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 NW 142ND STREET  
MIAMI, FL 33168 US

**New Mailing Address:**

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

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

JOSEPH, JEAN  
900 NW 142ND STREET  
MIAMI, FL 33168 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: JOSEPH, JEAN  
Address: 900 NW 142ND STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: MGRM  
Name: JOSEPH, NADINE F  
Address: 100 STOCKTON STREET  
City-St-Zip: CHEALSEA, MA 02150 US

Title: MGRM  
Name: JOSEPH, THIERRY N  
Address: 900 NW 142ND STREET  
City-St-Zip: MIAMI, FL 33168 US

Title: MGRM  
Name: DORCE, JULIEN  
Address: 145 ROUTE DES DALLES  
City-St-Zip: PORT-AU-PRINCE, PA WEST INDI HA

Title: MGRM  
Name: DORCE, RONALD  
Address: 3452 FOXCROFT, APT 203  
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM  
Name: JEAN-TOUSSAINT, SIMONE  
Address: 251 EAST 28TH STREET  
City-St-Zip: BROOKLYN, NY 11226

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: JEAN JOSEPH

MGR.

04/30/2012

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