

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032818

Entity Name: MIA JOY CANDLES, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8820 S.W. 132ND PLACE, SUITE D-209  
MIAMI, FL 33186

**New Principal Place of Business:**

8820 S.W. 132ND PLACE, SUITE D-209  
APT. #D209  
MIAMI, FL 33186

**Current Mailing Address:**

8820 S.W. 132ND PLACE, SUITE D-209  
MIAMI, FL 33186

**New Mailing Address:**

8820 S.W. 132ND PLACE, SUITE D-209  
APT. #D209  
MIAMI, FL 33186

FEI Number: 45-0833608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUILES, LESLIE  
8820 S.W. 132ND PLACE, SUITE D-209  
MIAMI, FL 33186 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: QUILES, LESLIE  
Address: 8820 S.W. 132ND PLACE, SUITE D-209  
City-St-Zip: MIAMI, FL 33186

Title: MGRM  
Name: CRUZ, LINA L  
Address: 3489 FORT INDEPENDENCE STREET, APT. LA  
City-St-Zip: BRONX, NY 10463

Title: MGRM  
Name: CRUZ, RANDY J  
Address: 3489 FORT INDEPENDENCE STREET, APT. LA  
City-St-Zip: BRONX, NY 10463

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: LESLIE QUILES

PRES

05/01/2012

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