

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90185 003 ****50.00

DOCUMENT # L 96000000053

1. Entity Name

Les Halles Miami, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2415 Ponce De Leon Blvd.

3. Mailing Address
550 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1120

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

4. FEI Number
65-0638007

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Joseph J. Weisenfeld

Street Address (P.O. Box Number is Not Acceptable)

550 Biltmore Way, Suite 1120

City Coral Gables

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

8. 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

Joseph J. Weisenfeld
Signature (Typed or printed name of registered agent and date if applicable)

Joseph J. Weisenfeld

7-31-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
MGRM	Philippe Lajaunie	114 East 25th Street	New York N.Y. 10010
MGRM	Jose Meirelles	114 East 25th Street	New York N.Y. 10010

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 secretary or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Philippe Lajaunie

7-31-02

305-444-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #