

FILED
Jun 09, 2008 8:00 am
Secretary of State

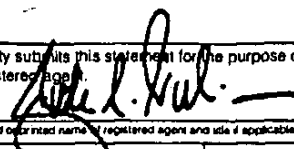
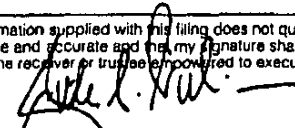
05-01-2008 90035 036 ***132.00

06-09-2008 90227 007 *****6.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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50006985

DOCUMENT # L98000001382			
1. Entity Name BRICKELL INTERIORS, LLC			
Principal Place of Business 444 BRICKELL AVE. STE 900 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0858101		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02152008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent LEGAGNEUR, NATHALIE 444 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Jude M. Williams 444 Brickell Avenue Suite 900 Miami, FL 33131	
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. I am familiar with, and accept the obligations of registered agent.		DATE 02/21/08	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$838.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE OLAZARRA, ALLEN C 444 BRICKELL AVE., STE 900 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		(auth. rep.) 02/28/08 305-995-9998 Date Daytime Phone #	