## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000000439

Entity Name: OFRA COSMETICS, LLC

City-St-Zip:

POMPANO BEACH, FL 33069

FILED Mar 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2200 NW 32 STREET #1600 POMPANO BEACH, FL 33069 **New Mailing Address: Current Mailing Address:** 2200 NW 32 STREET #1600 POMPANO BEACH, FL 33069 FEI Number: 59-3556109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAITO, OFRA 2200 NW 32 STREET, SUITE #1600 POMPANO BEACH, FL 33069 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GAITO, OFRÀ Name: Name: Address: 2200 NW 32ND STREET, SUITE 1600 Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: GAITO, DAVID Name: Address: 2200 NW 32ND STREET, SUITE 1600 Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition SCHECHTER, RUSSELL Name: Name: 2200 NW 32ND STREET, SUITE 1600 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: DAVID GAITO MGRM 03/16/2009