

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

→ GFH FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000974

1. Entity Name
RICHEMONT LATIN AMERICAN & CARIBBEAN, LLC



Principal Place of Business
550 BILTMORE WAY, PH1
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY, PH1
CORAL GABLES, FL 33134



07012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2852910

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARTON, CALLUM
STREET ADDRESS	645 FIFTH AVE. 5TH FLOOR
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	MGR
NAME	BLANK, LOUIS
STREET ADDRESS	25 RUE DES CAROUBIERS
CITY - ST - ZIP	1227 CAROUGE, SWITZERLAND,
TITLE	MGR
NAME	DJAQUI, GERARD
STREET ADDRESS	51 RUE FRANCOIS LER
CITY - ST - ZIP	75008 PARIS, FRANCE,
TITLE	MGR
NAME	BOSSERT, CEDRIC
STREET ADDRESS	8 BOULEVARD JAMES-FAZY
CITY - ST - ZIP	1201 GENEVA, SWITZERLAND,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/26/05-80002-012 55.00

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] MICK THORPE 7/8/05 305-459-4305