## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000000974

Entity Name: RICHEMONT LATIN AMERICAN & CARIBBEAN, LLC

FILED Apr 06, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

550 BILTMORE WAY, PH1 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

550 BILTMORE WAY, PH1 CORAL GABLES, FL 33134

FEI Number: 13-2852910 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:

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

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: MGR

Name: MAWICKE, DANIEL
Address: 645 FIFTH AVE. 5TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR

Name: BICHELMEIER, HANS-PETER Address: 25 RUE DES CAROUBIERS

City-St-Zip: 1227 CAROUGE, SWITZERLAND, XX XXXX XX

Title: MGR

Name: DJAOUI, GERARD Address: 51 RUE FRANCOIS LER

City-St-Zip: 75008 PARIS, FRANCE, XX XXXXX XX

Title: MGR

Name: BOSSERT, CEDRIC
Address: 8 BOULEVARD JAMES-FAZY

City-St-Zip: 1201 GENEVA, SWITZERLAND, XX XXXXX XX

Title: MGR

Name: SAAGE, GARY

Address: 50, CH. DE LA CHENAIE, BELLEVUE

City-St-Zip: 1293 GENEVA, SWITZERLAND, XX XXXXX XX

Title: MGR

Name: BERTHELEMOT, REMI
Address: 550 BILTMORE WAY - PH-1
City-St-Zip: CORAL GABLES, FL 33134

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 Statues.

SIGNATURE: REMI BERTHELEMOT MGR 04/06/2011

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