FEI Number.	00-000017	Certificate of Status Desired:
Name and Ac	dress of Current Registered Agent:	
CLEMENT, GILLI 927 LINCOLN RE MIAMI BEACH, F	SUITE 200 L 33139 US	
The above named e	ntity submits this statement for the purpose of changing its registered office or reg	jistered agent, or both, in the State of Florida.
SIGNATURE:	CLEMENT GILLES	01/
	Electronic Signature of Registered Agent	

# Authorized Person(s) Detail :

SIGNATURE: CLEMENT GILLES

Authorized Terson(s) Detail.				
Title	MGRM	Title	MGRM	
Name	CLEMENT RESPAUT, BRIGITTE	Name	CLEMENT, GILLES	
Address	16699 COLLINS AVENUE 1403	Address	16699 COLLINS AVENUE 1403	
City-State-Zip:	SUNNY ISLES FL 33166	City-State-Zip:	SUNNY ISLES FL 33166	

# I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

# 01/05/2024 Date

FILED Jan 05, 2024 Secretary of State 7719627577CC

> 01/05/2024 Date

Certificate of Status Desired: No

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000065211

Entity Name: BRIGITTE RESPAUT CLEMENT, LLC

#### **Current Principal Place of Business:**

927 LINCOLN RD SUITE 200 MIAMI BEACH, FL 33139

### **Current Mailing Address:**

927 LINCOLN RD SUITE 200 MIAMI BEACH, FL 33139 US

#### FEI Number: 80-0886017