

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000054597

**Entity Name:** DIPTYQUE BAL HARBOUR LLC

**Current Principal Place of Business:**

C/O DIPTYQUE, ATTN: RAPHAEL ASARIA  
145 W. 28TH STREET, 7TH FLOOR  
NEW YORK, NY 10001

**Current Mailing Address:**

C/O DIPTYQUE, ATTN: RAPHAEL ASARIA  
145 W. 28TH STREET, 7TH FLOOR  
NEW YORK, NY 10001 US

**FEI Number:** 47-5503574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORPORATING SERVICES, LTD.  
5140 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MGR  
Name DIPTYQUE DISTRIBUTION LLC  
Address 145 WEST 28TH STREET, 7TH FLOOR  
City-State-Zip: NEW YORK NY 10001

*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.*

**SIGNATURE:** TORRI A JONES

**ACCOUNTANT**

**05/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date