

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003316

Entity Name: LVMH FRAGRANCE BRANDS US LLC**Current Principal Place of Business:**19 EAST 57TH STREET
NEW YORK, NY 10022**Current Mailing Address:**19 EAST 57TH STREET
5TH FL
NEW YORK, NY 10022**FEI Number:** 06-1688491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MEMBER
Name	LVMH PERFUMES AND COSMETICS INC.
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	SENIOR VICE PRESIDENT, TREASURER
Name	CHARFI, GAEL
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	CHAIRMAN
Name	SPITZER, ROMAIN
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	SENIOR VICE PRESIDENT
Name	BROWN, DEBORAH
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	S
Name	FIRESTONE, LOUISE
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	VP
Name	JOHNSON, MAUREEN
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	PRESIDENT
Name	MUNAFO, NICHOLAS
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

Title	MANAGER
Name	SPITZER, ROMAIN
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022

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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: LOUISE FIRESTONE**SECRETARY****01/02/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	MELWANI, ANISH
Address	19 EAST 57TH STREET
City-State-Zip:	NEW YORK NY 10022