


# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000005582</b> 1. Entity Name VIA TRENTO REALTY, LLC.	
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Principal Place of Business 6523 VIA TRENTO DELRAY BEACH, FL 33446	Mailing Address 6523 VIA TRENTO DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE

FILED

2009 JAN 13 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062009 No Chg-LLC	CR2E083 (11/08)
4. FEI Number 65-1096747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LABARBERA, CIRO  
6523 VIA TRENTO  
DELRAY BEACH, FL 33446

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75  
After May 1, 2009 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LA BARBERA, CIRO
STREET ADDRESS	6523 VIA TRENTO
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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300140446783  
01713709--01007--005 \*\*138.75

OK 1-14-09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ciro La Barbera* Date: 1/6/09 Daytime Phone #: 561 637-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE