

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022403

Entity Name: MONTEBIANCO USA, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

999 ELLER DRIVE
SUITE B-10
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

PO BOX 350276
FT LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: 01-0592258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, ALISON P
2800 PONCE DE LEON BLVD
SUITE 1125
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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 () Delete
Name: SELMI, ALFREDO
Address: 999 ELLER DRIVE SUITE B-10
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: REINA, AUGUSTO
Address: 999 ELLER DRIVE SUITE B-10
City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SELMI, ALFREDO G
Address: 999 ELLER DRIVE SUITE B-10
City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ASPESI, LORENZO
Address: 999 ELLER DR STE B-10
City-St-Zip: FT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: ALFREDO G SELMI

MGR

04/17/2008

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