

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071597

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: VIVA VINO, LLC

**Current Principal Place of Business:**

4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 20-1698554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SENIOR, MIGUEL  
4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811 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: MGRM ( ) Delete  
Name: CARVALLO, WALTER  
Address: 6113 LAKE BURDEN VIEW DR  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: DELFINO, DOMINGO  
Address: 6125 LAKE BURDEN VIEW DR  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: USON, MARIA JOSE  
Address: 5580 NW 107 AVENUE, UNIT 1207  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES:**

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

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

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

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: DOMINGO DELFINO

MGMR

01/24/2008

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