

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000075224

1. Entity Name
SETTE, L.L.C.



FILED

2007 NOV 14 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
350 S. COUNTY ROAD,
#102
PALM BEACH, FL 33480

Mailing Address
350 S. COUNTY ROAD,
#102
PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
58-2684154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, CONNIE E
1351 SW 40TH AVENUE
MIAMI, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS LINNEHAN, MARK
CITY-ST-ZIP 350 S. COUNTY ROAD, #102
PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME P
STREET ADDRESS Linnehan, MARK
CITY-ST-ZIP 350 S. COUNTY ROAD #102
PALM BEACH, FL 33480 ☒ Change ☐ Addition

TITLE
NAME MGRM
STREET ADDRESS BARRO, CESARE
CITY-ST-ZIP 350 S. COUNTY ROAD, #102
PALM BEACH, FL 33480 ☒ Delete

TITLE
NAME V
STREET ADDRESS Alexa N. Model
CITY-ST-ZIP 315 W. 70 ST. #2-E
NEW YORK, NY 10023 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mark Linnehan

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

10/18/07 561-832-2208

Date

Daytime Phone #