

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083583

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: PASTARELLE COMERCIO DE ALIMENTOS LLC

## Current Principal Place of Business:

8818 COMMODITY CIR.  
SUITE 40  
ORLANDO, FL 32819

## New Principal Place of Business:

5885 FOLKSTONE LANE  
ORLANDO, FL 32822

## Current Mailing Address:

8818 COMMODITY CIR.  
SUITE 40  
ORLANDO, FL 32819

## New Mailing Address:

5885 FOLKSTONE LANE  
ORLANDO, FL 32822

FEI Number: 20-3059994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA, LEONARDO C  
1665 SOUTH KIRKMAN ROAD  
253  
ORLANDO, FL 32811 US

## Name and Address of New Registered Agent:

SILVA, LEONARDO C  
5885 FOLKSTONE LANE  
ORLANDO, FL 32822 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:

07/07/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete  
Name: PANTALEAO, MARCOS A  
Address: 1665 SOUTH KIRKMAN ROAD #253  
City-St-Zip: ORLANDO, FL 32811

Title: MGRM ( ) Delete  
Name: SILVA, LEONARDO C  
Address: 1665 SOUTH KIRKMAN ROAD #253  
City-St-Zip: ORLANDO, FL 32811

Title: MGRM ( ) Delete  
Name: PINTO SEVERO, SILVANA MARIA  
Address: 1665 SOUTH KIRKMAN ROAD #253  
City-St-Zip: ORLANDO, FL 32811

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

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: SILVA, LEONARDO C  
Address: 5885 FOLKSTONE LANE  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM (X) Change ( ) Addition  
Name: PINTO SEVERO, SILVANA MARIA  
Address: 5885 FOLKSTONE LANE  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM ( ) Change (X) Addition  
Name: SIMAO SEVERO, CRISTIANA MARI  
Address: 5885 FOLKSTONE LANE  
City-St-Zip: ORLANDO, FL 32822

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: LEONARDO SILVA

LS

07/07/2009

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