

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041989

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CAVALALF LLC

**Current Principal Place of Business:**

777 BRICKELL AVE., #1150  
MIAMI, FL 33131 US

**New Principal Place of Business:**

777 BRICKELL AVE SUITE 1150  
C/O STATE CAPITAL  
MIAMI, FL 33131 US

**Current Mailing Address:**

777 BRICKELL AVE., #1150  
MIAMI, FL 33131 US

**New Mailing Address:**

777 BRICKELL AVE SUITE 1150  
C/O STATE CAPITAL  
MIAMI, FL 33131 US

FEI Number: 26-0165719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORIDA CORPORATE REGISTERED AGENTS, LLC  
7200 NW 19 ST., SUITE 301  
MIAMI, FL 33126 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: GRIMALDI, MARIO  
Address: VIA DEI MERCANTI, 70  
City-St-Zip: SALERNO, ITALY, IT 84100 IT

Title: MGR ( ) Delete  
Name: GRIMALDI, ANTONIA  
Address: VIA DEI MERCANTI, 70  
City-St-Zip: SALERNO, ITALY, IT 84100 IT

Title: MGR ( ) Delete  
Name: MACCARINI, VALENTINO  
Address: 777 BRICKELL AVE., #1150  
City-St-Zip: MIAMI, FL 33131 US

**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: VALENTINO MACCARINI

MGR

04/30/2009

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