2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2008 8:00 am
Secretary of State
03-19-2008 90145 047 ***138.75

DOCUMENT # L07000088904

1. Entity Name
CESARE SALERNO PRODUCTION LLC

Principal Place of Business	Mailing Address
461 IVES DAIRY RD APT B102 MIAMI, FL 33179 US	461 IVES DAIRY RD APT B102 MIAMI, FL 33179 US

01232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6950 NW 186th St	6950 NW 186th St
Suite, Apt. #, etc. 510	Suite, Apt. #, etc. 510
City & State Miami FL	City & State Miami FL
Zip 33015 Country USA	Zip 33015 Country USA

4. FEI Number 26-0811435 ☐ 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
SALERNO, GIAKOMO C 461 IVES DAIRY RD APT B102 MIAMI, FL 33179	Name Giakomo Cesare Salerno Street Address (P.O. Box Number is Not Acceptable) 6950 NW 186th St Apt #510 City Miami FL FL Zip Code 33015

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALERNO, GIAKOMO C 461 IVES DAIRY RD APT B102 MIAMI, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6950 NW 186 ST STE 510 Miami, FL 33015	☑ Change ☐ Addition
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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: [signature] 02/22/2008 (754) 244-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #