

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 461 IVES DAIRY RD APT B102 MIAMI, FL 33179 US		Mailing Address 461 IVES DAIRY RD APT B102 MIAMI, FL 33179 US	
2. Principal Place of Business - No P.O. Box # 6950 NW 186th St Suite, Apt. #, etc. 510		3. Mailing Address 6950 NW 186th St Suite, Apt. #, etc. 510	
City & State Miami FL		City & State Miami FL	
Zip 33015	Country USA	Zip 33015	Country USA
6. Name and Address of Current Registered Agent SALERNO, GIACOMO C 461 IVES DAIRY RD APT B102 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name: <u>Giacomo Cesare Salerno</u> Street Address (P.O. Box Number is Not Acceptable): <u>6950 NW 186th St Apt # 510</u> City: <u>MIAMI</u> FL Zip Code: <u>33015</u>	



01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0811435
☐ Applied For
☐ Not Applicable

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

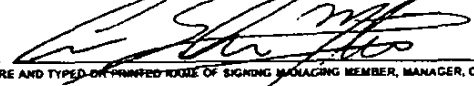
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALERNO, GIACOMO C 461 IVES DAIRY RD APT B102 MIAMI, FL 33179 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6950 NW 186 ST STE 510 Miami, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **02/22/2008** **(754) 244-0943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**