

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075263

FILED
Feb 18, 2009
Secretary of State

Entity Name: SANLORENZO OF THE AMERICAS, LLC

Current Principal Place of Business:

1515 SE 17TH STREET
STE 125
FT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1515 SE 17TH STREET
STE 125
FT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 80-0236179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOUSMA, GEORGE
1515 SE 17TH STREET
STE 125
FT LAUDERDALE, FL 33316 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: CEO () Delete
Name: PEROTTI, MASSIMO
Address: 1515 SE 17TH STREET #125
City-St-Zip: FT LAUDERDALE, FL 33316 US

Title: MGRM () Delete
Name: JOUSMA, GEORGE
Address: 1515 SE 17TH STREET #125
City-St-Zip: FT LAUDERDALE, FL 33316 US

Title: VP () Delete
Name: COLEMAN, RANDOLPH
Address: 1515 SE 17TH STREET #125
City-St-Zip: FT LAUDERDALE, FL 33316 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: GEORGE JOUSMA MGRM 02/18/2009

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