

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000078501

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: FIGLIO, LLC

**Current Principal Place of Business:**

C/O BEHM BROKERAGE INC  
1825 MAIN STREET  
WESTON, FL 33326 US

**New Principal Place of Business:**

C/O BEHM BROKERAGE INC  
1398 SW 160TH AVE SUITE #106  
SUNRISE, FL 33326 US

**Current Mailing Address:**

C/O BEHM BROKERAGE INC  
1825 MAIN STREET  
WESTON, FL 33326 US

**New Mailing Address:**

C/O BEHM BROKERAGE INC  
1398 SW 160TH AVE SUITE #106  
SUNRISE, FL 33326 US

FEI Number: 45-2696400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIBERO, RAFAEL  
809 NW 91ST TER  
PLANTATION, FL 33324 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  
Name: BERTOLIN, JUAN C  
Address: 1398 SW 160TH AVE SUITE #106  
City-St-Zip: SUNRISE, FL 33326 US

Title: MGR  
Name: DEL RIO, MARIA E  
Address: 1398 SW 160TH AVE SUITE 106  
City-St-Zip: SUNRISE, FL 33326 US

Title: MGR  
Name: BERTOLIN, JUAN ESTEBAN  
Address: C/O BEHM BROKERAGE INC, 1398 SW 160TH AVE  
City-St-Zip: SUNRISE, FL 33326

Title: MGR  
Name: BERTOLIN, PAULA ANTONELA  
Address: C/O BEHM BROKERAGE INC, 1398 SW 160TH AVE  
City-St-Zip: SUNRISE, FL 33326

I hereby 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: RAFAEL RIBERO

MR.

04/24/2012

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