

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046070

Entity Name: AVERSA CIERO REALTY, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

5900 N. W. 97TH AVENUE, SUITE 6
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 226435
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 57-1209762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 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: STINSON, LOUIS JR
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: AVERSA, JOSEPH F
Address: 5900 N. W. 97TH AVENUE, SUITE 6
City-St-Zip: MIAMI, FL 33178 US

Title: MGR () Delete
Name: CIERO, JOSEPH A
Address: 5900 N. W. 97TH AVENUE, SUITE 6
City-St-Zip: MIAMI, FL 33178 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: JOSEPH F AVERSA

MGR

04/08/2009

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