

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000096

1. Entity Name
AMALFI RISTORANTE, L.C.



FILED

04 OCT -1 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1930 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Mailing Address
2601 SO. BAYSHORE DRIVE, #1000
MIAMI, FL 33133

2. Principal Place of Business

2601 SO. Bayshore DR.

3. Mailing Address

Suite, Apt. #, etc.

#1000

City & State

Miami FL

City & State

Zip

Country

33133 USA

09292004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0975147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANOWITCH, PETER ESQ
232 ANDALUSIA AVENUE STE. 350
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name FERNANDO GARCIA, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

2601 S Bayshore Drive

Suite 1600

City

Miami

FL

Zip Code

33133

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]
Signature, typed or printed name of registered agent and title if applicable.

Fernando Garcia

9-29-04

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BERMELO, WILLY A
STREET ADDRESS 2601 S. BAYSHORE DR. SUITE 1000
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM ☐ Delete
NAME AMEDIA, FRANK
STREET ADDRESS 2601 S. BAYSHORE DR. SUITE 1000
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM ☐ Delete
NAME BERMELO, WILLY A JR
STREET ADDRESS 2601 S. BAYSHORE DR. SUITE 1000
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-29-04 (305) 859-2050