

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014948

Entity Name: ZECCHETTI, U.S.A., L.L.C.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

132 10TH AVE N., STE. 101
SAFETY HARBOR, FL 34695

New Principal Place of Business:

132 10TH AVE N., STE. 101
SAFETY HARBOR, FL 34695 UN

Current Mailing Address:

P.O. BOX 783
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3684791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, MR. DEL
132 10TH AVE N
101
SAFETY HARBOR, FL 34695 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: MGRM
Name: ZECCHETTI, S.R.L., AN ITALIAN LLC
Address: VIA L DA VINCI 8 42027 MONTECCHIO EMILIA
City-St-Zip: (RE) ITALY,

Title: MGRM
Name: CORREGGI, CIRO
Address: VIA ALDO MORO N2-42027 MONTECCHIO EMILIA
City-St-Zip: (RE) ITALY,

Title: MGRM
Name: CORREGGI, CLAUDIO
Address: VIA BARCO N12 - 42027 MONTECCHIO EMILIA
City-St-Zip: (RE) ITALY,

Title: MGRM
Name: MANGHI, FRANCESCO
Address: VIA ZANICHELLI N1 42027 MONTECCHIO EMILIA
City-St-Zip: (RE) ITALY,

Title: MGRM
Name: MANGHI, ENNIO
Address: VIA ZANICHELLI N1 42027 MONTECCHIO EMILIA
City-St-Zip: (RE) ITALY,

Title: MGRM
Name: DELMAR, LEWIS
Address: 132 10TH AVE N #101
City-St-Zip: SAFETY HARBOR, FL 34695

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: DEL LEWIS

MGRM

04/29/2011

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