

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90005 009 \*\*\*\*\*50.00

**DOCUMENT # L00000015761**

1. Entity Name

GGV, LC

Principal Place of Business

15048 S.W. 104TH ST., STE. 1916  
 MIAMI FL 33196

Mailing Address

15048 S.W. 104TH ST., STE. 1916  
 MIAMI FL 33196

2. Principal Place of Business

14951 S.W. 82 LN

3. Mailing Address

8023 Slater Dr

Suite, Apt. #, etc.

505

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Rockford, IL

Zip

33193

Country

U.S.A.

Zip

61108

Country

U.S.A.

4. FEI Number

65-1063869

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Giuseppe Mannino

Street Address (P.O. Box Number is Not Acceptable)  
 14951 S.W. 82 LN

#505

City

Miami

FL

Zip Code

33193

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.

SIGNATURE

*(Signature)*

Giuseppe E. Mannino

1/14/02

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MANNINO, GIUSEPPE E	
STREET ADDRESS	15048 S.W. 104TH ST., STE. 1916	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	PILADE, SEBASTIANO	
STREET ADDRESS	15048 S.W. 104TH ST., STE. 1916	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIUSEPPINA PILADE	
STREET ADDRESS	8023 Slater Dr	
CITY-ST-ZIP	Rockford, IL 61108	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENZA Mannino	
STREET ADDRESS	8023 Slater Dr	
CITY-ST-ZIP	Rockford, IL 61108	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giuseppe E. Mannino	
STREET ADDRESS	8023 Slater Dr	
CITY-ST-ZIP	Rockford, IL 61108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)*

Giuseppe E. Mannino

1/14/02

(815) 332-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)