## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

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DOCUMENT # L0100003881  1. Entity Name ITALIAN INTERNATIONAL DESIGNS, L.L.C.					04-30-2007	90069 016 ****50	0.00
Principal Plac	e of Rusiness	Mailing Address	<u>i</u>				
11401 NW 12TH ST #308		11401 NW 12TH ST #308					
MIAMI, FL 33172		MIAMI, FL 33172					
, , , _ 0	317E	1910 Will, FE 33112			•		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address				
						1) 49(1) 68169   Wel (918) (816) N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-LLC	CR2E083 (12/06)	
City & Clata		00				·	
City & State		City & State		4. FEI Numi		<del> '</del>	optied For
Zip Country		Zip	Country	65-1097054			ot Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		
	6. Name and Address of Curren	! t Registered Agent	<del></del> -	7. Name an	d Address of New R		
			Name	7. Name and Address of New Registered Agent Name			
CABBANI, RONALDO							
	12TH ST #308		Street Address		(P.O. Box Number is Not Acceptable)		
MIAMI, FL	33172						
			City			FL Zip Cod	е
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or re	gistered agent, or b	oth, in the State of Flo	orida. I am familiar with	and accent
the obligat	ions of registered agent.						
SIGNATURE							
Old Williams	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signature r	equired when reinstating)	_	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State		
9.	MANAGING MEMB	L ERS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	P	☐ Delete	TITLE		70011010	□ Change	Addition
NAME	CABBANI, RONALD O	rm theiste	NAME				L_J Addition
STREET ADORESS	11401 NW 12TH ST #308		STREET ADDRESS				
CITY-ŞT-ZIP	MIAMI, FL 33172		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME		,	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		*	☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS		•		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			,	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME				
			STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE and TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

Date

Daylime Phone #

☐ Change

☐ Addition