

**2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000005582

1. Entity Name
VIA TRENTO REALTY, LLC.



Principal Place of Business
6523 VIA TRENTO
DELRAY BEACH, FL 33446

Mailing Address
6523 VIA TRENTO
DELRAY BEACH, FL 33446

FILED

2009 JAN 13 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062009No Chg-LLC

CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1096747

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABARBERA, CIRO
6523 VIA TRENTO
DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LA BARBERA, CIRO
STREET ADDRESS	6523 VIA TRENTO
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300140446783
01713709--01007--005 **138.75

**DO NOT WRITE
IN THIS SPACE**

OK 1-14-09

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.

SIGNATURE: _____

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

561
1/6/09 637-2353
Date Daytime Phone #