

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-07-2002 90349 003 ****50.00

DOCUMENT # L01000008345

1. Entity Name

COMPAGNI DI VIAGGIO, LLC

DO NOT WRITE IN THIS SPACE

94271

2. Principal Place of Business
3550 Biscayne Blvd.

3. Mailing Address
3550 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#710

#710

City & State
Miami, FL 33137

City & State
Miami, FL 33137

4. FEI Number
65-1123828

Applied For
Not Applicable

Zip
33137

Country
USA

Zip
33137

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CHANDLER FINLEY, Esq.

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

710 Washington Ave., Suite #5

710 Washington Ave. Suite #5

City Miami Beach

FL

Zip Code
33139

**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.

SIGNATURE

Chandler R. Finley
Signature, typed or printed name of registered agent and title if applicable

REGISTERED AGENT

06/06/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
PALMA, Irene
3550 Biscayne Blvd., #710
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MNGR
PALMA, Irene
3550 Biscayne Blvd., #710
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
MELASSO, Micaela
3550 Biscayne Blvd., #710
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MNGR
MELASSO, Micaela
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

06/06/02

305/532-0622

Date

Daytime Phone #

CR2ED83B (12/01)