

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019112

1. Entity Name

ITALIC GROUP, LLC



FILED

03 FEB 14 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8540 SW 48 ST

3. Mailing Address

8540 SW 48 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

MIAMI FL

City & State

33155

U.S.A.

City & State

33155

U.S.A.

Zip

Country

Zip

Country

4. FEI Number

320023603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Dunkley, Lindsay

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

717 Ponce de Leon BLVD, #310

City

Miami

FL

Zip Code

33134

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	Joann Siciliano P.
STREET ADDRESS CITY-ST-ZIP	8540 SW 48 ST MIAMI FL 33155
TITLE NAME	Johann Barata V.P.
STREET ADDRESS CITY-ST-ZIP	8540 SW 48 ST MIAMI FL 33155
TITLE NAME	Salvador Siciliano S.
STREET ADDRESS CITY-ST-ZIP	8540 SW 48 ST MIAMI FL 33155
TITLE NAME	
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TITLE NAME	200012563442
STREET ADDRESS CITY-ST-ZIP	02/14/03--01026--023 **\$5.00
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TITLE NAME	M THOMAS
STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Feb 10/2003 305-305-6103

CR2E083B (12/02)