

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008980

1. Entity Name
ITALSHOP OF AVENTURA, LLC



FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90015 036 *****50.00

Principal Place of Business
19950 W. COUNTRY CLUB DR.
SITE 900
AVENTURA, FL 33180

Mailing Address
19950 W. COUNTRY CLUB DR.
SITE 900
AVENTURA, FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0459314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

Name

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

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DANIEL, ELIAS C
20803 BISCAYNE BLVD., SUITE 405
MIAMI, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
19950 W. Country Club Drive #900
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DANIEL, ABRAHAM C
20803 BISCAYNE BLVD., SUITE 405
MIAMI, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
19950 W. Country Club Drive #900
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DANIEL, JACOBO C
20803 BISCAYNE BLVD., SUITE 405
MIAMI, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
19950 W. Country Club Drive #900
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

JACOBO CABALIE DANIEL, Manager

3/28/05 (305) 466-1810
Date Daytime Phone #