

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90042 027 ****50.00

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1. Entity Name
LIVIERO CONSTRUCTION COMPANY, L.L.C.



Principal Place of Business
6637 SUPERIOR AVENUE
SUITE B
SARASOTA, FL 34231 US

Mailing Address
2144 GULF GATE DRIVE
SARASOTA, FL 34231



06302005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0428967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIANNINI, FRANCESCO
2144 GULF GATE DR
SARASOTA, FL 34231

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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]*

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEMBIANE, ROBERTO <i>for Jorgin with Company.</i>
STREET ADDRESS	2144 GULF GATE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	MGRM
NAME	LIVIERO, LUCA
STREET ADDRESS	2144 GULF GATE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]*

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

Date

Daytime Phone #