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SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -1 AM 11:22

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013456

1. Entity Name
PIERCE 19, LLC

Principal Place of Business	Mailing Address
951 DESOTO ROAD BOCA RATON, FL 33432	951 DESOTO ROAD BOCA RATON, FL 33432

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0712756 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL RISCO, CLARA
13899 BISCAYNE BLVD. SUITE 154
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name ALEJANDRO OSCAR GIRASSOLLI
Street Address (P.O. Box Number is Not Acceptable) 951 DESOTO ROAD - APT 233
ZIP CODE 33432
City BOCA RATON FL Zip Code 33432

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 _____ 04/28/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $550.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER AND MEMBER ALEJANDRO. O. GIRASSOLLI 951 DESOTO ROAD - APT 233 BOCA RATON - FL - 33432 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER AND MEMBER ALEJANDRO. O. GIRASSOLLI 951 DESOTO ROAD - APT 233 BOCA RATON - FL - 33432 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE/MGRM NAME STREET ADDRESS CITY-ST-ZIP	MONICA CERMESONI DE GIRASSOLLI 1548 HOLLYWOOD BLVD HOLLYWOOD FL 33020 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ 04/28/03 954-923-1280
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #