

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 23, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000019145**

1. Entity Name  
**SABATELLA'S USA LLC**



Principal Place of Business

**7902 NW 36 ST  
SUITE 7  
MIAMI, FL 33166**

Mailing Address

**7902 NW 36 ST  
SUITE 7  
MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



01182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**76-0716455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SABATELLA, ETTORE  
7902 NW 36 ST  
SUITE 7  
MIAMI, FL 33166-6619**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when changing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SABATELLA, CARLO  
7902 NW 36 ST  
MIAMI, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
SABATELLA, ETTORE  
7902 NW 36 ST  
MIAMI, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000239990  
02/23/05-80011-021 50.00

**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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01-21-05 305-7921927