

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # L02000021259

1. Entity Name
ALESSANDRI & ASSOCIATES, LLC



Principal Place of Business
**1614 PENNSYLVANIA AVENUE
2F
MIAMI BEACH, FL 33139 US**

Mailing Address
**C/O SUAREZ, CEBALLOS & ORTIZ
354 SEVILLA AVE
MIAMI, FL 33134 US**



03232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1843881

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALESSANDRI, MICHAEL PH.D.
1614 PENNSYLVANIA AVENUE
2F
MIAMI BEACH, FL 33139**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ALESSANDRI, MICHAEL
1614 PENNSYLVANIA AVE 2F
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GRADOS, LUIS
1614 PENNSYLVANIA AVE 2F
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000680877
04/04/07-80020-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

LUIS GRADOS

3.23.07 3055827850

Date

Daytime Phone #