

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022839

Entity Name: GIOAN L.L.C.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

9737 N.W. 41ST STREET, #615
MIAMI, FL 33178 US

New Principal Place of Business:

31 SE 5 ST
413
MIAMI, FL 33131 US

Current Mailing Address:

9737 N.W. 41ST STREET, #615
MIAMI, FL 33178 US

New Mailing Address:

31 SE 5 ST
413
MIAMI, FL 33131 US

FEI Number: 46-0498414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVEGLIA, GIOVANNI
7761 N.W. 114 PLACE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

LAVEGLIA, GIOVANNI
31 SE 5 ST
413
MIAMI, FL 33131 US

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.

SIGNATURE: GIOVANNI LAVEGLIA

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERRERO DE LAVEGLIA, ANTONIA
Address: 7761 NW 114 PL
City-St-Zip: MIAMI, FL 33178 US

Title: MGRM () Delete
Name: LAVEGLIA, GIOVANNI
Address: 7761 NW 114 PL
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERRERO DE LAVEGLIA, ANTONIA
Address: 31 SE 5 ST,413
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Change () Addition
Name: LAVEGLIA, GIOVANNI
Address: 31 SE 5 ST,413
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIOVANNI LAVEGLIA

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date