

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000002768

1. Entity Name  
1542 LLC



Principal Place of Business  
C/O TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE., STE. 305  
CORAL GABLES, FL 33134

Mailing Address  
C/O TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE., STE. 305  
CORAL GABLES, FL 33134



01032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0330302

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHIALASTRI, THOMAS  
C/O TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE., STE. 305  
CORAL GABLES, FL 33134

**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 CHIALASTRI, CARLOS 240 CATALONIA AVE #305 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIALASTRI, THOMAS 240 CATALONIA AVE #305 CORAL GABLES, FL 33134
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U00000593035  
01/22/07-80015-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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:

CARLOS CHIALASTRI

01/16/07

(305) 441-0040

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

Date

Daytime Phone #