

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 013 ****50.00

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DOCUMENT # L03000006596

1. Entity Name
ITALIAN MASTER CRAFTSMEN L.L.C.



Principal Place of Business
21392 TOWN LAKES DRIVE, #1013
BOCA RATON, FL 33486 US

Mailing Address
1983 PARK ROAD
PEMBROKE PARK, FL 33009 US

2. Principal Place of Business
21392 Town Lakes Drive

3. Mailing Address
21392 Town Lakes Drive

Suite, Apt. #, etc.
#1012

City & State
Boca Raton, FL

Zip
33486

Country
U.S.

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
86-1050944

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FRACASSI, PIER FRANCESCO
21392 TOWN LAKES DRIVE
#1013
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name
Fracassi, Pier Francesco
Street Address (P.O. Box Number is Not Acceptable)
21392 Town Lakes Drive #1012
City
Boca Raton FL Zip Code
33486

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 Pier Francesco Fracassi PIER FRANCESCO FRACASSI 4/13/06
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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRACASSI, PIER FRANCESCO 21392 TOWN LAKES DRIVE, #1013 BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fracassi, Pier Francesco <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21392 Town Lakes Drive #1012 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pier Francesco Fracassi PIER FRANCESCO FRACASSI, MGRM 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #