

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016993

Entity Name: MENCALUCA, LLC

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1560 LENOX AVE  
304  
MIAMI BEACH, FL 33139 US

## **Current Mailing Address:**

1560 LENOX AVE  
304  
MIAMI BEACH, FL 33139 US

## **New Principal Place of Business:**

1560 LENOX AVENUE  
SUITE 304  
MIAMI BEACH, FL 33139 US

## **New Mailing Address:**

1560 LENOX AVENUE  
SUITE 304  
MIAMI BEACH, FL 33139 US

FEI Number: 11-3690043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

LONGENECKER, ALINA C  
1900 SUNSET HARBOUR  
501  
MIAMI BEACH, FL 33139 US

## **Name and Address of New Registered Agent:**

MENCARINI, LUCA  
5700 COLLINS AVENUE  
APT 16G  
MIAMI BEACH, FL 33140 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: LUCA MENCARINI

01/12/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MENCARINI, LUCA  
Address: 1560 LENOX AVE SUITE 304  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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: LUCA MENCARINI

MGRM

01/12/2010

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