## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

## Mar 01, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # L03000025407** 02-06-2006 90175 005 \*\*\*\*50 00 1. Entity Name TRATTORIA DINO, LLC Principal Place of Business Mailing Address 3310 TAMIAMI TRAIL EAST NAPLES FL 34112 3310 TAMIAMI TRAIL EAST NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address 10 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Waple 4. FEI Number Applied For City & Stalp 80-0070674 Not Applicable \$5.00 Additional Country Zip 34112 5. Certificate of Status Desired ムしゃ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOLPE, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) C/O ROBINS, KAPLAN, ETL AL. 711 FIFTH AVENUE SOUTH, SUITE 201. NAPLES FL 34102 City Zip Code 8. The above named entity submits this statement for the 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, typied or presi (NOTE Pagishered Agent signature required when rainstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change Addition NAME REDZIC, ABIDIN D STREET ADDRESS STREET ADDRESS 196-30 42ND ROAD CITY-ST-ZP FLUSHING NY 11358 CITY-ST-ZTP TITLE Oe/ete MGRM TITLE Channe Addition HADZIBRAHIMOVIÇ, FIKRET NAME 26-09 24TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ASTORIA'NY 11102 CITY-ST-ZIP MILE ☐ Delete MILE Change Addition NAMF. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY-ST-28 TITI F ☐ Detete Change Addition THE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TIDE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition NAME HASAE STREET ADDRESS STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate another 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 manager empowered to execute this report as required by Chapter 608, Florida Statutes.

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



Division of Corporations

February 9, 2006

TRATTORIA DINO, LLC 3310 TAMIAMI TRAIL EAST NAPLES, FL 34112

Subject: TRATTORIA DINO, LLC

Reference Number:

£03000025407

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <a href="has not been filed">has not been filed</a> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION