

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

02-19-2004 90161 029 ****50.00

DOCUMENT # L03000040025

1. Entity Name
ALBERTO SPINELLI CAPITAL LLC



Principal Place of Business
**540 15TH STREET, APT. 201
MIAMI BEACH, FL 33139**

Mailing Address
**540 15TH STREET, APT. 201
MIAMI BEACH, FL 33139**

39001007



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
75-3134359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SPINELLI, ALBERTO
540 15TH STREET, APT. 201
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPINELLI, ALBERTO 540 15TH STREET, APT. 201 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alberto Spinelli*

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

2/13/2004 (854) 907-2752

Date

Daytime Phone #