## 2007 LIMITED LIABILITY COMPANY

## FILED Jan 16, 2007 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L03000041689** FOSSATI ENTERPRISES, LLC Principal Place of Business Mailing Address 25175 SW 142 AVE 25175 SW 142 AVE MIAMI, FL 33032 MIAMI, FL 33032 01112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 33-1073680 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOSSATI, DOMENICO DO NOT WRITE 25175 SW 142 AVE MIAMI, FL 33032 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and like 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 MGR FOSSATI, DOMENĪCO NAME 25175 SW 142 AVE STREET ADDRESS CITY - ST-ZIP MIAMI, FL 33032 TITLE 10000586132 01/16/07-80040-024 50.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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