

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2006 08:01
Secretary of State

DOCUMENT # L04000040468

1. Entity Name
MEZZO LITRO LLC



Principal Place of Business
**723 LINCOLN ROAD
MIAMI BEACH, FL 33139 US**

Mailing Address
**1688 MERIDIAN AVENUE
SUITE 400
MIAMI BEACH, FL 33139 US**



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
10-1177528

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SBROGGIO, GRAZIANO
1688 MERIDIAN AVENUE
SUITE 400
MIAMI BEACH, FL 33139**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SBROGGIO, GRAZIANO 1688 MERIDIAN AVENUE SUITE 400 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREGONESE, ANDREA 1688 MERIDIAN AVENUE SUITE 400 MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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02/18/06-80095-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

M. Donadoni **Mariana Donadoni** 1/24/06 (305) 932-1233

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: _____

M. Donadoni **Mariana Donadoni** 1/24/06 (305) 932-1233