

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 26, 2009
Secretary of State**

DOCUMENT# L04000057161

Entity Name: MICELLI GROUP L.L.C.

Current Principal Place of Business:

9737 NW 41 ST
#615
MIAMI, FL 33178 US

New Principal Place of Business:

31 SE 5TH ST.
#413
MIAMI, FL 33131 US

Current Mailing Address:

10520 NW 26TH ST.
#C 201
MIAMI, FL 33172 US

New Mailing Address:

10520 NW 26TH ST.
#C 201
DORAL, FL 33172 US

FEI Number: 20-1444416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26 ST.
SUITE C 201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICELLI, ALDO
Address: 10720 NW 66 ST - #213
City-St-Zip: DORAL, FL 33178 US

Title: MGRM () Delete
Name: DE MICELLI, MARIA M
Address: 10720 NW 66 ST - #213
City-St-Zip: DORAL, FL 33178 US

Title: MGRM () Delete
Name: LAVANGA, GIOVANNI
Address: 10556 NW 26 ST., SUITE D101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: DE LAVANGA, MARIA I
Address: 10556 NW 26 ST., SUITE D101
City-St-Zip: DORAL, FL 33172 US

Title: MGRM () Delete
Name: LAVANGA, ANTHONY
Address: 10556 NW 26 ST., SUITE D101
City-St-Zip: DORAL, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALDO MICELLI

MGRM

01/26/2009

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