

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068021

FILED
May 01, 2009
Secretary of State

Entity Name: VENECIANA INVESTMENTS, L.L.C.

Current Principal Place of Business:

8500 W. FLAGLER STREET, B-208
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8500 W. FLAGLER STREET, B-208
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-1643826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PUIG, CLAUDIA
8500 W. FLAGLER STREET, B-208
MIAMI, FL 33144 US

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: PUIG, CLAUDIA
Address: 8500 W FLAGLER ST B=208
City-St-Zip: MIAMI, FL 33144

Title: MGR () Delete
Name: PUIG, MONICA
Address: 8500 FLAGLER ST B-208
City-St-Zip: MIAMI, FL 33144

Title: MGR () Delete
Name: AMUNDSEN, RICHARD
Address: 8500 W FLAGLER STREET, B-208
City-St-Zip: MIAMI, FL 33144

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:

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: CLAUDIA PUIG

MGR

05/01/2009

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