

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071597

Entity Name: VIVA VINO, LLC

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6125 LAKE BURDEN VIEW DR  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

4901 VINELAND ROAD, STE 270  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 20-1698554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELFINO, DOMINGO  
6125 LAKE BURDEN VIEW DR  
WINDERMERE, FL 34786 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  
Name: CARVALLO, WALTER  
Address: 6113 LAKE BURDEN VIEW DR  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM  
Name: DELFINO, DOMINGO  
Address: 6125 LAKE BURDEN VIEW DR  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM  
Name: USON, MARIA JOSE  
Address: 5580 NW 107 AVENUE, UNIT 1207  
City-St-Zip: MIAMI, FL 33178

I hereby 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: DOMINGO DELFINO

MGRM

01/20/2012

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