2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075922

Entity Name: VIVACE, LLC

City-St-Zip:

AVENTURA, FL 33180 US

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	COUNTRY CL	UB DR				
2022 AVENTUR	A, FL 33180	US				
Current Mailing Address:				New Mailing Address:		
20301 \//	OUNTRY CLUB DR					
2022						
AVENTUR	A, FL 33180	US				
FEI Number	41-2039641	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SCHOR, ELIANA 20301 W COUNTRY CLUB DR 2022				CZETYRKO, CLAUDIA 7660 SW 83 COURT MIAMI, FL 33143 US		
	A, FL 33180	US		1411/ (1411, 1 🗀	00140	,
	named entity of Florida.	submits this statement for the	e purpose c	of changing it	ts registere	d office or registered agent, or both
SIGNATUR	RE: CLAUDIA	A CZETYRKO				04/15/2008
Electronic Signature of Registered Agent				Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	SZWARC, CAF	NTRY CLUB DR #2022		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	LABOVSKY, B	NTRY CLUB DR #2022		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	LABOVSKY, C	NTRY CLUB DR #2022		Title: Name: Address: City-St-Zip:		(X) Change () Addition , VIVIAN DUNTRY CLUB DR #2022 FL 33180 US
Title: Name: Address: City-St-Zip:	LABOVSKY, V	NTRY CLUB DR #2022		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address:	LABOVSKY, V	.) Delete VIAN NTRY CLUB DR #2022		Title: Name: Address:		() Change () Addition

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.

City-St-Zip:

SIGNATURE: BENITO LABOVSKY M 04/15/2008