

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076074

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** CIELITO FINANCIAL GROUP LLC

**Current Principal Place of Business:**

2999 NE 191 STREET  
SUITE 404  
AVENTURA, FL 33180

**New Principal Place of Business:**

18660 COLLINS AV  
SUITE 107  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18660 COLLINS AV.  
SUITE 107  
SUNNY ISLES, FL 33160

**New Mailing Address:**

**FEI Number:** 20-3742417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GERI, OSNAT  
18660 COLLINS AV.  
SUITE 107  
SUNNY ISLES, FL 33160 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:** ORIAL FLP  
**Address:** 2999 NE 191 STREET  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** MGR  
**Name:** LUDMIR, IAN  
**Address:** 18660 COLLINS AV. SUITE 107  
**City-St-Zip:** SUNNY ISLES, FL 33160

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: IAN LUDMIR      MGR      03/31/2010

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