

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000693

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: TORRIONI, LLC

**Current Principal Place of Business:**

4147 NW 90TH AVE,  
SUITE 101  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

4147 NW 90TH AVE  
SUITE 101  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ZOINO, ALBERICO  
4147 NW 90TH AVE  
SUITE 101  
CORAL SPRINGS, FL 33065 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: ZOINO, ALBERICO  
Address: 4147 NW 90TH AVE, SUITE 101  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: ZOINO, ILIANA  
Address: 8644 NW 47 DR  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

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 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: ALBERICO A ZOINO

OWNE

02/19/2007

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