

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000027041

**FILED**  
**Jul 28, 2009**  
**Secretary of State****Entity Name:** BOLATI, LLC**Current Principal Place of Business:**7135 VENETIAN WAY  
WEST PALM BEACH, FL 33406 US**New Principal Place of Business:****Current Mailing Address:**7135 VENETIAN WAY  
WEST PALM BEACH, FL 33406 US**New Mailing Address:****FEI Number:** 20-2532723**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROUBEKAS, PETER  
7135 VENTIAN WAY  
WEST PALM BEACH, FL 33406 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: MGR ( ) Delete  
Name: ROUBEKAS, PETER  
Address: 7135 VENTIAN WAY  
City-St-Zip: WEST PALM BEACH, FL 33406 USTitle: MGR ( ) Delete  
Name: ROUBEKAS, BRENDA  
Address: 7135 VENTIAN WAY  
City-St-Zip: WEST PALM BEACH, FL 33406 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR ( ) Change (X) Addition  
Name: SPANOS, ELENI  
Address: 250 DESOTA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

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: PETER ROUBEKAS

MGR

07/28/2009

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