

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042090

FILED
Jun 15, 2009
Secretary of State

Entity Name: FIOPI SISAL LLC

Current Principal Place of Business:

900 BAY DRIVE
410
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6529 SW 20TH LANE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-2761396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOGGIANO, ALDO G MR
6529 SW 20TH LANE
GAINESVILLE, FL 32607 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BOGGIANO, SILVIA V MRS
Address: 900 BAY DRIVE # 424
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: BOGGIANO, ALEJANDRA MRS
Address: 900 BAY DRIVE # 424
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: BOGGIANO, ALDO G MR
Address: 6529 SW 20TH LANE
City-St-Zip: GAINESVILLE, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALDO BOGGIANO

MGR

06/15/2009

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