

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046279

FILED
Apr 14, 2009
Secretary of State

Entity Name: CAROLI GROUP, LLC

Current Principal Place of Business:

10786 NW 81 LANE
DORAL, FL 33178 US

New Principal Place of Business:

501 SE 2ND STREET
SUITE 101
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

10786 NW 81 LANE
DORAL, FL 33178 US

New Mailing Address:

501 SE 2ND STREET
SUITE 101
FORT LAUDERDALE, FL 33301 US

FEI Number: 20-2811567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROLI, VANESSA
10786 NW 81 LANE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

CAROLI, VANESSA
501 SE 2ND STREET
SUITE 101
FORT LAUDERDALE, FL 33301 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAROLI, ANA M
Address: 10786 NW 81 LANE
City-St-Zip: DORAL, FL 33178 US

Title: MGRM () Delete
Name: CAROLI, ALDO
Address: VIA CALANCO NO. 20 DOZZA IMOLESE
City-St-Zip: BOLOGNA, 00 00000 IT

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAROLI, ANA M
Address: 501 SE 2ND STREET, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: ANA M CAROLI

MGRM

04/14/2009

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