

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90049 004 ****50.00

DOCUMENT # L05000060333

1. Entity Name
SAVOY HOLDINGS, L.L.C.



Principal Place of Business
50 SW 10TH STREET #517
MIAMI, FL 33130

Mailing Address
50 SW 10TH STREET #517
MIAMI, FL 33130

2. Principal Place of Business
9725 NW 52 ST
Suite, Apt. #, etc. 213

3. Mailing Address
9725 NW 52 ST
Suite, Apt. #, etc. 213

City & State
MIAMI, FL
Zip 33178 Country

City & State
MIAMI, FL
Zip 33178 Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3017797

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUITTINI, ALESSANDRO
50 SW 10TH STREET #517
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
BRUITTINI, ALESSANDRO

Street Address (P.O. Box Number is Not Acceptable)

9725 NW 52 ST #213

City MIAMI FL Zip Code 33178

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/16/06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BRUITTINI, ALESSANDRO ☐ Delete
STREET ADDRESS 50 SW 10TH STREET #517
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE BRUITTINI, ALESSANDRO ☒ Change ☐ Addition
NAME
STREET ADDRESS 9725 NW 52 ST #213
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/16/06 (305) 7908321
Date Daytime Phone #

ATTACHMENT 20039973# L05600060333Jose R. Gomez C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

1400 S.W. 27TH AVE., SUITE 102 - MIAMI, FLORIDA 33145

TEL: (305) 644-1223 - FAX: (305) 644-1228

TO: Savoy Holdings L.L.C.DATE: 3/18/06

INSTRUCTIONS FOR FILING THE ATTACHED TAX RETURN

RETURN
ENCLOSED

FORM# ANNUAL REPORT

YEAR 2006

F.Y.E.

TO BE SIGNED
AND DATED BY

- ☐ TAXPAYER ☒ AN OFFICER ☐ AFFIX CORPORATE SEAL
☐ TAXPAYER AND SPOUSE ☐ ANY PARTNER ☐ NOTARIZATION
☐

(PLEASE SIGN AND DATE WHERE "X" APPEARS. ALSO SIGN AND DATE RETAINED COPY FOR RECORD PURPOSES.)

AMOUNT
OF TAX

- ☐
- THIS IS AN ESTIMATED RETURN, WITH INSTALMENTS DUE, AS FOLLOWS:

With Return due on:

..... \$
..... \$
..... \$
..... \$

- ☐
- THIS IS A YEAR-END RETURN.

Your estimated payments amounted to \$

Your balance is due, as follows:

With Return Due on: 4/30 2006 \$ 50.00
Balance on 20..... \$

YOUR PAYMENT RECORD

Date..... Ch. #.....
Date..... Ch. #.....
Date..... Ch. #.....
Date..... Ch. #.....

☐ NONEMAKE CHECK
PAYABLE TO

- ☐
- UNITED STATES TREASURY
- ☒
- FLORIDA DEPARTMENT OF STATE

- ☐
- Your authorized commercial bank depository of Federal Reserve Bank. Deposit check with bank before due date, accompanied by appropriate coupon. Mark type of tax

☐ MAIL RETURN
ONLY, TO:

- ☐
- INTERNAL REVENUE SERVICE CENTER

- ☐
- AT: DIVISION OF CORPORATIONS

P.O. BOX 1500

☒ MAIL RETURN
AND CHECK, TO:

TALLAHASSEE, FL. 32302-1500

DUE DATE

MAY 1, 2006

OVER-
PAYMENT

YOUR RETURN SHOWS AN OVERPAYMENT OF \$

WE HAVE INDICATED ON THE RETURN THAT SUCH AMOUNT

- ☐ \$ WILL BE APPLIED AGAINST YOUR ESTIMATED TAX FOR
☐ \$ IS TO BE REFUNDED TO YOU AUTOMATICALLY.

REMARKS