

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000086854

FILED
Dec 03, 2009
Secretary of State**Entity Name:** GIOVANNI CHIAMPESAN, LLC**Current Principal Place of Business:**1500 SAN REMO AVENUE
SUITE 136
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**1500 SAN REMO AVENUE
SUITE 136
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 20-3387297**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JIMENEZ, DANIELA
1500 SAN REMO AVENUE STE 136
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**CHIAMPESAN, GIOVANNI
1500 SAN REMO AVENUE STE 136
CORAL GABLES, FL 33146 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: GIOVANNI CHIAMPESAN

12/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** P () Delete
Name: CHIAMPESAN, GIOVANNI
Address: 1500 SAN REMO AVE, STE 136
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES:****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: GIOVANNI CHIAMPESAN

P

12/03/2009

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