

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90040 036 \*\*\*\*50.00

DOCUMENT # L05000102250

1. Entity Name  
VIGNETI D'ITALIA IMPORTS, LLC



Principal Place of Business  
~~14201 S.W. 139TH COURT~~  
~~MIAMI, FL 33186~~  
**14209 S.W. 139TH CT.**

Mailing Address  
~~14201 S.W. 139TH COURT~~  
~~MIAMI, FL 33186~~  
**14209 S.W. 139TH CT.**



2. Principal Place of Business  
**14209 S.W. 139TH COURT**

3. Mailing Address  
**14209 S.W. 139TH COURT**

Suite, Apt. #, etc.

03302006 Chg-LLC CR2E083 (11/05)

City & State  
**Miami, FL**

Zip  
**33186-5586**

Country  
**USA**

4. FEI Number  
**01-0848267**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SIERVO, MARISA**  
**15500 S. W. 82ND. AVENUE**  
**PALMETTO BAY, FL 33157**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 **4/10/06**  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINCHERO, PIERO		NAME		
STREET ADDRESS	6830 S. W. 90TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PINECREST, FL 33156		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERVO, MARISA		NAME		
STREET ADDRESS	15500 S. W. 82ND. AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **PIERO TRINCHERO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04-07-06** **786-306-9651**  
Date Daytime Phone #