

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115125

FILED
Feb 02, 2009
Secretary of State

Entity Name: MONDELLI LLC

Current Principal Place of Business:

520 VILLAS DRIVE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

51 LONGVIEW DRIVE
EASTCHESTER, NY 10709 US

New Mailing Address:

FEI Number: 43-2093650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONDELLI, JO-ANN
520 VILLAS DRIVE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

VALLARO, JOSEPH
520 VILLAS DRIVE
VENICE, FL 34285 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: JOSEPH VALLARO

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALLARO, JOSEPH
Address: 51 LONGVIEW DRIVE
City-St-Zip: EASTCHESTER, NY 10709 US

Title: MGRM () Delete
Name: MONDELLI, JO-ANN
Address: 520 VILLAS DRIVE
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: VALLARO, MICHAEL
Address: 1425 CREEKSIDE DRIVE
City-St-Zip: WHEATON, IL 60187 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MONDELLI, JO-ANN
Address: 41 BARKER AVE. APT. 3N
City-St-Zip: WHITE PLAINS, NY 10601 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: JOSEPH VALLARO

MGRM

02/02/2009

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