## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016044

Entity Name: CAMPOMAGGIORE, L.L.C.

FILED Apr 04, 2007 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

550 S. OCEAN BLVD., #1907 BOCA RATON, FL 33432

**Current Mailing Address:** 

**New Mailing Address:** 

550 S. OCEAN BLVD., #1907 BOCA RATON, FL 33432

PO BOX 1875 BOCA RATON, FL 33429

FEI Number:

FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FEINBERG, JEFFREY 4000 HOLLYWOOD BLVD., STE. 350-N TRAFICANTE, SALVATORE G

550 S OCEAN BLVD

HOLLYWOOD, FL 33021

1907 BOCA RATON, FL 33432 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: S.G. TRAFICANTE

04/04/2007

Electronic Signature of Registered Agent

Date

04/04/2007

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

TRAFICANTE, ROMINA Name: P.O. BOX 1875 Address:

City-St-Zip: BOCA RATON, FL 33429

Title: MGRM ( ) Delete

TRAFICANTE, SALVATORE Name:

Address: P.O. BOX 1875

City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete

TRAFICANTE, LILLANA Name: P.O. BOX 1875

Address: City-St-Zip: BOCA RATON, FL 33429

( ) Delete Title: MGRM Name: TRAFICANTE, MARCOS

Address: P.O. BOX 1875

City-St-Zip: BOCA RATON, FL 33429

SIGNATURE: S.G. TRAFICANTE

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

TRAFICANTE, SALVATORE G Name:

Address: P.O. BOX 1875

City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change ( ) Addition

Name: TRAFICANTE, MARCOS Address: P.O. BOX 1875

City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change ( ) Addition

BIANCHI, LILLANA Name: Address: P.O. BOX 1875

City-St-Zip: BOCA RATON, FL 33429

Title: MGRM (X) Change ( ) Addition

Name: TRAFICANTE, ROMINA Address: P.O. BOX 1875

City-St-Zip: BOCA RATON, FL 33429

**MGRM** 

I hereby certify that the information supplied with this filing does not qualify for the 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.

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