

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016044

Entity Name: CAMPOMAGGIORE, L.L.C.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

2179 N. STATE ROAD 7
MARGATE, FL 33063

Current Mailing Address:

PO BOX 1875
BOCA RATON, FL 33429

New Mailing Address:

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

Name and Address of Current Registered Agent:

TRAFICANTE, SALVATORE G
550 S OCEAN BLVD
1907
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

TRAFICANTE, SALVATORE G
22179 N. STATE ROAD 7
MARGATE, FL 33063 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: TRAFICANTE

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRAFICANTE, SALVATORE G
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: TRAFICANTE, MARCOS
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: BIANCHI, LILLANA
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

Title: MGRM () Delete
Name: TRAFICANTE, ROMINA
Address: P.O. BOX 1875
City-St-Zip: BOCA RATON, FL 33429

ADDITIONS/CHANGES:

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

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

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

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: TRAFICANTE

MGRM

04/24/2009

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