

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016474

Entity Name: PIETRASANTA, LLC

FILED  
Jan 24, 2008  
Secretary of State

## Current Principal Place of Business:

245 SE 1ST STREET  
315  
MIAMI, FL 33131 US

## New Principal Place of Business:

18861 SW 74 CT  
MIAMI, FL 33157 US

## Current Mailing Address:

245 SE 1ST STREET  
315  
MIAMI, FL 33131 US

## New Mailing Address:

18861 SW 74 CT  
MIAMI, FL 33157 US

FEI Number: 20-4324900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMBAR DIAZ, P.A.  
782 NW 42 AVE STE 435  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DALL ARMELLINA, ROSSANA  
Address: 18852 SW 77TH CT  
City-St-Zip: MIAMI, FL 33157 US

Title: MGRM ( ) Delete  
Name: DALL ARMELLINA, ADRIANA  
Address: 18852 SW 77TH CT  
City-St-Zip: MIAMI, FL 33157 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DALL ARMELLINA, ROSSANA  
Address: 18861 SW 74TH CT  
City-St-Zip: MIAMI, FL 33157 US

Title: MGRM (X) Change ( ) Addition  
Name: DALL ARMELLINA, ADRIANA  
Address: 18861 SW 74TH CT  
City-St-Zip: MIAMI, FL 33157 US

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: ADRIANA DALL'ARMELLINA

MGR

01/24/2008

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