

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90100 007 ***138.75

DOCUMENT # L06000046247

1. Entity Name

DUOMO FOOD CONCEPTS - MIRAMAR L.L.C.



Principal Place of Business

10540 N.W. 26 STREET
SUITE G-203
MIAMI FL 33172

Mailing Address

10540 N.W. 26 STREET
SUITE G-203
MIAMI FL 33172



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-5788659

Applied For
Not Applicable

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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD. SUITE TJM
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PALENZONA, ROMANO ☐ Delete
STREET ADDRESS 10540 N.W. 26 ST, STE G-203
CITY- ST- ZIP MIAMI FL 33172

TITLE MGR ☐ Change ☒ Addition
NAME Palenzona, Denise
STREET ADDRESS 10540 NW 26th Street, STE G-203
CITY- ST- ZIP Miami, FL 33172

TITLE MGR ☐ Delete
NAME PALENZONA, PATRIZIA
STREET ADDRESS 10540 N.W. 26 ST, STE G-203
CITY- ST- ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Romano Palenzona
Romano Palenzona

1/28/08 (305) 718-4148