

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

04-13-2007 90040 019 ****50.00

DOCUMENT # L06000079164

1. Entity Name
FIALGIDA LLC



Principal Place of Business
**URB. COLINAS DE BELLOMONTE
C. ARAUCA QTA MANANTIAL
CARACAS, DC NONE VE**

Mailing Address
**URB. COLINAS DE BELLOMONTE
C. ARAUCA QTA MANANTIAL
CARACAS, DC NONE VE**

30011251



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
14-1975243

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTOS, JOSE A JR.
800 S. DOUGLAS ROAD
SUITE 105
CORAL GABLES, FL 33134**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LOMBARDO, FILIPPO
URB COLINAS D/BELLOMONTE, C/ARAUCA QTA MA
CARACAS, DC NONE**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

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

6/14/07

Date

305-420-8018

Daytime Phone #



BDO Seldman, LLP
Accountants and Consultants

ATTACHMENT

30011251

June 14, 2007

Mellon Financial Center
1111 Brickell Avenue, Suite 2801
Miami, Florida 33131
Telephone: (305) 381-8000
Fax: (305) 374-1135

Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: **Fialgida, LLC**
Document # L06000079164

Dear Sir/Madam:

I am writing regarding the above referenced entity's 2007 Limited Liability Company Annual Report. My client mailed said report on April 11, 2007 along with check number 1018 in the amount of \$50.00, a copy of which I have enclosed.

I spoke with one of your representatives who informed me the Application was rejected because a Federal Employer Identification Number was not included in line 4. Notwithstanding, my client's check was cashed by the Florida Department of State. Please note line 4 was not completed because the limited liability company is a disregarded entity for tax purposes and did not require one. Notwithstanding, the client has obtained said number (#14-1975243) and inserted it on line 4. I have enclosed a revised Application for your records. I would appreciate your reviewing such Application and if you find it agreeable, accept it for filing.

Should you have any questions regarding this employer identification number, or any other matter, please do not hesitate to contact me.

Sincerely,

Carlos A. Somoza

Enclosures

35011251
L06000079164

[illegible]

GIDA LLC
 Date 04/11/2007
 1-8/210
 Branch 467
 1018
 PAY to the order of FLORIDA DEPARTMENT OF STATE \$ # 50.00
CINCUENTA CON 00/100 Dollars
 Citibank N.A. 129452 002 4136 08 041807
 153 East 53rd Street
 New York, N.Y. 10043
 For CAC. LIMITED LIABILITY
