

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90110 030 ****50.00

DOCUMENT # L06000079803

1. Entity Name
ALDILA TOOLS & DIE MARKER L.L.C.



Principal Place of Business
**2214 W. 8TH COURT
HIALEAH, FL 33010**

Mailing Address
**2214 W. 8TH COURT
HIALEAH, FL 33010**

60049621



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

3. Mailing Address

7441 WAYNE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 8-6

04242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

MIAMI BEACH

4. FEI Number

20-5371102

Applied For

Not Applicable

Zip

Country

Zip

Country

33141

DADE

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

**SONCINI, ROMINA
2214 W. 8TH COURT
HIALEAH, FL 33010**

Name

Street Address (P.O. Box Number is Not Acceptable)

7441 WAYNE AVE

APT 8-6

City

MIAMI BEACH

FL

Zip Code

33141

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 May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
NAME **SONCINI, ROMINA**
STREET ADDRESS **7441 WAYNE AVE APT 8-6**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 provided by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Romina Soncini

ROMINA SONCINI

4/25/07

(305) 305-0515