2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000084868

1. Entity Name PAGNIOLO, LLC



Principal Place of Business

550 BILTMORE WAY STE 1100 CORAL GABLES, FL 33134

Mailing Address

550 BILTMORE WAY STE 1100 CORAL GABLES, FL 33134

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90023 014 ***138.75

60031313



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For
20-5613006			Not Applicable
5. Certificate of Status Desired		00 Additional Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STERN, EDUARDO 550 BILTMORE WAY STÉ 1100 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4-22-08

Date

(305)461-2440

Daylime Phone #

all our guide a service a						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when renstating)	DATE			
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR					
NAME	STERN, EDUARDO					
STREET ADDRESS	550 BILTMORE WAY #1110					
CITY-ST-ZIP	CORAL GABLES, FL 33134					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS CITY-ST-ZIP		I DO NOT V	VRITE			
		•••				
TITLE NAME		I IN THIS S	PACE			
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby indicated limited lia	certify that the information supplied with this fiting does not on this report is true and accurate and that my signature subility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes shall have the same legal effect as if made under oath; that I am a medicute this report as required by Chapter 608, Florida Statutes.	s. I further certify that the information anaging member or manager of the			

tduardo

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

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