2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90209 008 ****50.00

DOCUMENT # L06000090671

1. Entity Name
BARCHETTA, LLC

Principal Place of Business
PO BOX 191130
MIAMI BEACH FL 33119

Mailing Address
PO BOX 191130
MIAMI BEACH FL 33119

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1601 79th ST. CAUSEWAY	1601-79th ST. CAUSEWAY
Suite, Apt. #, etc. NORTH BAY VILLAGE	Suite, Apt. #, etc.
City & State FL	City & State NORTH BAY VILLAGE FL
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 20-5558188 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G ESQ.
90 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOTTARDO, CLAUDIO ~~PO BOX 191130~~ MIAMI ~~BEACH FL 33119~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLAUDIO GOTTARDO 1601 79th ST. CAUSEWAY NORTH BAY VILLAGE FL, 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Claudio Gottardo MANAGING MEMBER 1/27/07 305-215627