2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000105338

1. Entity Name
BINDA USA RETAIL, LLC

Principal Place of Business	Mailing Address
18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180	18851 NE 29TH AVENUE, SUITE 1000 AVENTURA, FL 33180

01092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3192645
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BINDA USA LLC
18851 NE 29TH AVENUE, SUITE 1000
AVENTURA, FL 33180

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BINDA, MARCELLO
STREET ADDRESS	18851 NE 29TH AVE STE 1000
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	BINDA, SIMONE
STREET ADDRESS	18851 NE 29TH AVE STE 1000
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	PIERACCIONI, GIOVANNI
STREET ADDRESS	18851 NE 29TH AVE STE 1000
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	PAGLIARA, FRANCESCO
STREET ADDRESS	18851 NE 29TH AVE STE 1000
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000789220
01/22/08-80017-013 138.75

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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: Joanne Tedone JOANNE TEDONE 1/16/08 786-279-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #