2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 15, 2007 8:00 am Secretary of State DOCUMENT # L06000107464 1. Entity Name 05-15-2007 90151 023 ****50.00 MORETTI CAPITAL, LLC Principal Place of Business Mailing Address 7995 SW 86TH STREET STE 308 7995 SW 86TH STREET STE 308 **MIAMI FL 33143** MIAMI FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Ζip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALCEDO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 7995 SW 86TH STREET STE 308 **MIAMI FL 33143** Zip Code Fl 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. | am familiar with, and accept the obligations of registered agent. rited name of recovery Mucchin Pavier >acedio SIGNATURE ed when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS / CHANGES 9. 10. HITE MGR TITLE Change ■ Addition ☐ Defete NAME SALCEDO, DANIEL NAMi STREET ADDRESS STREET ADDRESS 7995 SW 86TH STREET STE 308 CITY-ST-7IP CITY-SI-ZIP **MIAMI FL 33143** TITLE ☐ Delete ШЦ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Delete HIGH Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 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 logal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or fustoe empowered to execute this report as required by Chapter 608, Florida Statutes.

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