


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90265 023 \*\*\*138.75

**DOCUMENT # L06000113902**

1. Entity Name  
**CERUTTI & ASSOCIATES, LLC**




Principal Place of Business      Mailing Address  
 10854 SW 88TH ST.      10854 SW 88TH ST.  
 405      405  
 MIAMI, FL 33176 US      MIAMI, FL 33176 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**12039 SW 117TH CT.**      **12039 SW 117TH CT.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country  
**33186**      **U.S.A.**      **33186**      **U.S.A.**

60015510



03122008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-8133550**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

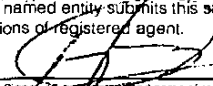
6. Name and Address of Current Registered Agent

**VOISIN, DANIEL E**  
**10854 SW 88TH ST**  
**405**  
**MIAMI, FL 33176**

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 **3/12/08**


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

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

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

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES</b><br><b>VOISIN, DANIEL E</b><br><b>10854 SW 88TH ST APT 405</b><br><b>MIAMI, FL 33176</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>ARMADILLO CONSULTING CORP.</b><br><b>5701 SW 91ST STREET</b><br><b>MIAMI, FL 33156</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>RED PANDA CONSULTING CORP</b><br><b>14900 SW 33RD STREET</b><br><b>DAVIE, FL 33331</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>CERUTTI, JOSELIER</b><br><b>10854 SW 88TH ST.</b><br><b>MIAMI, FL 33176</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**  **DANIEL VOISIN**      **3/12/08**      **305 609 5202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #