2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 28, 2008 8:00 am
Secretary of State
02-27-2008 90075 035 ***138.75

DOCUMENT # L07000002022

1. Entity Name
CRISTIANO PIQUET, PL

Principal Place of Business	Mailing Address
701 BRICKELL KEY BLVD. SUITE 106 MIAMI, FL 33131	701 BRICKELL KEY BLVD. SUITE 106 MIAMI, FL 33131

02182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
901 Brickell Key Blvd.		901 Brickell Key Blvd.	
Suite, Apt. #, etc.: #2903		Suite, Apt. #, etc.: #2903	
City & State: Miami		City & State: Miami	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number 20-8698739 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAZITUA LETELIER, P.A.
2801 NW 74 AVE.
SUITE 217
MIAMI, FL 33122

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 ____________________ 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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PIQUET, CRISTIANO		NAME		
STREET ADDRESS	701 BRICKELL KEY BLVD., SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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