

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-16-2008 90115 041 ***138.75

30006616



DOCUMENT # L07000018045					
1. Entity Name LA SECONDA, LLC					
Principal Place of Business 2144 NE 2ND AVENUE MIAMI, FL 33137 US			Mailing Address 9519 SW 154TH PLACE MIAMI, FL 33196		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 39-2049610	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
				7. Name and Address of New Registered Agent	
FERNANDO E VALDES PA 9519 SW 154TH PLACE MIAMI, FL 33196				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 _____ (NOTE: Registered Agent signature required when reissuing) 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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASIO, GIANCARLO		NAME		
STREET ADDRESS	180 NE 39TH STREET SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANTINI MOSAICI SRL		NAME		
STREET ADDRESS	180 NE 39TH STREET SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPELLI, ROBERTO		NAME		
STREET ADDRESS	180 NE 39TH STREET SUITE 106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Giancarlo Lasio</u>			Date: <u>4/14/08</u> Daytime Phone #: <u>305-512-0990</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					