## 2008 LIMITED LIABILITY COMPANY

FILED

Daytime Phone #

**ANNUAL REPORT** 

Aug 11, 2008 8:00 am Secretary of State 07-17-2008 90016 048 \*\*\*138.75 **DOCUMENT # L07000022690** RUBINETTI FAMILY INVESTMENTS, LLC VAATAAT Principal Place of Business Mailing Address 2731 NE 14TH STREET CAUSEWAY 2731 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 07122008 CR2E083 (12/06) Chg-LLC City & State City & State Applied For 055 26 Not Applicable Country Zin Country 7in \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBINETTI, GIULIO Street Address (P.O. Box Number is Not Acceptable) 2731 NE 14TH STREET CAUSEWAY #305A POMPANO BEACH, FL 33062 City 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 Squebus, typed or priviled name of registered eigent and side it applicable. DATE (NOTE: Registered Agent signature required when reinasting) FILE NOWIII FEE IS \$138.78 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MILE MGRM Delete ITILE ☐ Change ☐ Addition RUBINETTI, GIULIO MALE MAME STREET ADDRESS 2731 NE 14TH STREET CAUSEWAY #305A STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY - ST - ZIP DDF Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Ocieta TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TIFLE □ Change NAME NAME STREET ACCORESS STREET ADDRESS COTY-ST-ZEP CITY - ST - ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CHY-ST-ZP TITLE Detete Addition TITI F ☐ Chance 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.

ING MEMBER, MAMAGER, OR AUTHORIZED REPRESENTATIVE