

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063352

Entity Name: PII GROUP LLC

FILED
Jan 25, 2012
Secretary of State

Current Principal Place of Business:

1110 BRICKELL AVENUE
300
MIAMI, FL 33131

New Principal Place of Business:

1110 BRICKELL AVENUE
505
MIAMI, FL 33131

Current Mailing Address:

1110 BRICKELL AVENUE
300
MIAMI, FL 33131

New Mailing Address:

1110 BRICKELL AVENUE
505
MIAMI, FL 33131

FEI Number: 26-0370116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AGOSTINI, AMERICO
1100 BRICKELL AVENUE
300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

D'AGOSTINI, AMERICO
1110 BRICKELL AVENUE
505
MIAMI, FL 33131 US

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.

SIGNATURE:

01/25/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PIZZI, ESTER
Address: 1110 BRICKELL AVENUE #505
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: PIZZI, GIUSEPPE
Address: 1110 BRICKELL AVENUE #505
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: IURINO, ANTONIA
Address: 1110 BRICKELL AVENUE #505
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: PIZZI, DOMENICO
Address: 1110 BRICKELL AVENUE #505
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: PIZZI, ILAIRA
Address: 1110 BRICKELL AVENUE #505
City-St-Zip: MIAMI, FL 33131

Title: MGR
Name: MECCA, GABRIELE
Address: 1110 BRICKELL AVENUE #505
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ESTER PIZZI

MGRM

01/25/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date