

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063796

Entity Name: SANTILLO, LLC

FILED  
Jan 29, 2009  
Secretary of State

**Current Principal Place of Business:**

6020 PARADISE POINT DRIVE  
MIAMI, FL 33157

**New Principal Place of Business:**

17921 SW 89 CT  
MIAMI, FL 33157

**Current Mailing Address:**

6020 PARADISE POINT DRIVE  
MIAMI, FL 33157

**New Mailing Address:**

17921 SW 89 CT  
MIAMI, FL 33157

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIEGFRIED, STEVE  
Address: 6020 PARADISE PT DR  
City-St-Zip: MIAMI, FL 33157

Title: MGR ( ) Delete  
Name: STEGFRED, JULIE  
Address: 6020 PARADISE PT DR  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROSS, DERRICK  
Address: 17921 SW 89 CT  
City-St-Zip: MIAMI, FL 33157

Title: MGR (X) Change ( ) Addition  
Name: ROSS, JENNIFER  
Address: 17921 SW 89 CT  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DERRICK ROSS

MGR

01/29/2009

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