


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90009 036 ***138.75

DOCUMENT # L07000074153		
1. Entity Name DANIELLE GATTORNO, LLC		
Principal Place of Business 1575 WEST AVENUE #8 MIAMI BEACH FL 33139		Mailing Address 1575 WEST AVENUE #8 MIAMI BEACH FL 33139
2. Principal Place of Business - No P.O. Box # 1575 WEST AVE	3. Mailing Address 1575 WEST AVENUE	
Suite, Apt. #, etc. # 8	Suite, Apt. #, etc. # 8	
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL	
Zip 33139	Country DADE	Zip 33139
Country DADE		



2nd MOORE CR2E083 (4/08)

4. FEI Number 33-1174992		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GATTORNO, DANIELLE 1575 WEST AVENUE #8 MIAMI BEACH FL 33139		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 <u><i>Daller</i></u> 8/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GATTORNO, DANIELLE 1575 WEST AVENUE #8 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Daller* **8/4/08 (3054583289)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #