

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084718

Entity Name: CHIARA IMPORT, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

180 33RD AVE NW
NAPLES, FL 34120 US

New Principal Place of Business:

Current Mailing Address:

180 33RD AVE NW
NAPLES, FL 34120 US

New Mailing Address:

FEI Number: 26-0793125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTMAN, TERESA
180 33RD AVENUE NW
NAPLES, FL 34120 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: MGRM () Delete
Name: WORTMAN, TERESA
Address: 180 33RD AVENUE NW
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM () Delete
Name: CHIARA, MARIO
Address: 8988 ALEXANDRA CIRCLE
City-St-Zip: WELLINGTON, FL US

Title: MGRM () Delete
Name: FORD, GLENN
Address: 23204 ROBIN SONG DR
City-St-Zip: CLARKSBURG, MD US

Title: MGRM () Delete
Name: REDZIC, AGO
Address: 196-30 42ND ROAD
City-St-Zip: FLUSHING, NY US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERESA WORTMAN

MGRM

04/15/2009

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