2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

508253900674
9/4/2008-90001-030-$538.75-$538.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L07000085928

1. Entity Name
CASTA DIVA, LLC

Principal Place of Business
1636 NW 57TH STREET
GAINESVILLE, FL 32605

Mailing Address
1636 NW 57TH STREET
GAINESVILLE, FL 32605

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

08082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-2006362 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VICHI, ISABELLA
1636 NW 57TH STREET
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name: Isabella Vichi
Street Address (P.O. Box Number is Not Acceptable): 1319 E. Las Olas Blvd #1090
City: Fort Lauderdale FL Zip Code 3330[illegible]

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VICHI, ISABELLA 1636 NW 57TH STREET GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICHI, ISABELLA 1319 E. Las Olas Blvd #1090 Fort Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2008	☐ Change ☐ Addition

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: Isabella Vichi 8/22/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #