

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086080

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: BONAFEDE, L.L.C.

**Current Principal Place of Business:**

2875 N.E. 191 STREET, SUITE 801  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 N.E. 191 STREET, SUITE 801  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

SERBER, DANIEL J  
2875 N.E. 191 STREET, SUITE 801  
AVENTURA, FL 33180 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: DE PIA MANGIONE, MARIA CELIA D  
Address: 2875 N.E. 191 STREET, SUITE 801  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: PIA MANGIONE, CARLOS  
Address: 2875 N.E. 191 STREET, SUITE 801  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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: DELFABRO DE PIA MANGIONE, MARÍA CELIA                      MRGM                      03/11/2009

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