

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089432

Entity Name: CAVEAU, LLC

FILED
Jul 12, 2008
Secretary of State

Current Principal Place of Business:

1784 WEST AVE
BAY 3
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1784 WEST AVE
BAY 3
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-0819276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CIPOLLA, UMBERTO
1784 WEST AVE
BAY 3
MIAMI BEACH, FL 33139 US

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: CIPOLLA, UMBERTO
Address: 1784 WEST AVE BAY 3
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: CIPOLLA, GIULIANO
Address: 1784 WEST AVE BAY 3
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: MURDOCCA, DAVIDE
Address: 1784 WEST AVENUE BAY 3
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: GIULIANO CIPOLLA

MGR

07/12/2008

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