## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 16, 2008 8:00 am Secretary of State DOCUMENT # L07000108094 04-16-2008 90111 027 \*\*\*138.75 TECNOSEALUSA, LLC Principal Place of Business Mailing Address 2020 NW 29TH STREET 2020 NW 29TH STREET OAKLAND PARK, FL 33311 OAKLAND PARK, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-1299721 Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required\_ 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name FERNANDO E VALDES P.A **10705 NW 33RD STREET** Street Address (P.O. Box Number is Not Acceptable) 100 MIAMI, FL 33172 City Zip Code FI 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 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 \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALBERTO SPINELLI CAPITAL LLC NAME STREET ADDRESS 1200 WEST AVENUE PH 29 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33139 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME SCOTTO, SILVESTRO NAME VIA APPETTITO 56 58019 PORTO S. STEFANO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTEARGENTARIO GROSSETO, IT ITALY CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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.