

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119558

Entity Name: MENNITI NAUTICA, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

2321 MARINA BAY DRIVE WEST
SUITE 101
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

991 SW 40TH AVE
BAY G2
PLANTATION, FL 33317

Current Mailing Address:

P.O. BOX 30579
FORT LAUDERDALE, FL 33303

New Mailing Address:

PO BOX 30579
FORT LAUDERDALE, FL 33303 US

FEI Number: 83-0500065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENNITI, JENNIFER L
2321 MARINA BAY DRIVE WEST
SUITE 101
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

MENNITI, JENNIFER L
1365 SW 1ST AVE
POMPANO BEACH, FL 33060 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: JENNIFER L. MENNITI

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MENNITI, ROBERTO
Address: P.O. BOX 30579
City-St-Zip: FORT LAUDERDALE, FL 33303

Title: MGR () Delete
Name: MENNITI, JENNIFER L
Address: P.O. BOX 30579
City-St-Zip: FORT LAUDERDALE, FL 33303

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: JENNIFER L. MENNITI

MGMB

03/16/2009

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