

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000119558

Entity Name: MENNITI NAUTICA, LLC

FILED
Jun 12, 2009
Secretary of State

Current Principal Place of Business:

991 SW 40TH AVE
BAY G2
PLANTATION, FL 33317

New Principal Place of Business:

1631 WEST MCNAB ROAD
POMPANO BEACH, FL 33064

Current Mailing Address:

PO BOX 30579
FORT LAUDERDALE, FL 33303 US

New Mailing Address:

1631 WEST MCNAB ROAD
POMPANO BEACH, FL 33064

FEI Number: 83-0500065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENNITI, JENNIFER L
1365 SW 1ST AVE
POMPANO BEACH, FL 33060 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: 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: MGRM (X) Change () Addition
Name: MENNITI, ROBERTO
Address: 1631 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM (X) Change () Addition
Name: MENNITI, JENNIFER L
Address: 1631 WEST MCNAB ROAD
City-St-Zip: POMPANO BEACH, FL 33064

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

MGRM

06/12/2009

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