

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90031 046 \*\*\*138.75

**DOCUMENT # L07000120114**

1. Entity Name  
**VIBONATI, LLC**



Principal Place of Business  
**9100 SOUTH DADELAND BLVD STE 910  
MIAMI, FL 33156**

Mailing Address  
**9100 SOUTH DADELAND BLVD STE 910  
MIAMI, FL 33156**

**60034403**



2. Principal Place of Business - No P.O. Box #  
**1 S. Prospect Drive**

3. Mailing Address  
**1 S. Prospect Drive**

04082008 Chg-LLC CR2E083 (12/06)

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number  
**26-1532721**

Applied For  
Not Applicable

Zip Country  
**33133 USA**

Zip Country  
**33133 USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMORY, HOWARD B ESQ  
9100 SOUTH DADELAND BLVD STE 910  
MIAMI, FL 33156**

Name  
**Esteban Gerbasi**  
Street Address (P.O. Box Number is Not Acceptable)  
**1 S. Prospect Drive**

City **Coral Gables** **FL** Zip Code **33133**

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 the obligations of registered agent.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/08**

**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

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**Manager  
Esteban Gerbasi  
1 S. Prospect Drive  
Coral Gables, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

11. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Esteban Gerbasi**

Date

Daytime Phone #

**4/28/08**

**(786) 863-9223**