

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003297

Entity Name: VILLA REGINA SRL, LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

55 NE 5TH AVENUE
501
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 26-1713363 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:

MONIQUE TRONCONE, CPA. P.A.
55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 33432 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: MGR () Delete
Name: VUDA HOTELS
Address: VIA G.B. MORGAGNI, 25
City-St-Zip: ROMA, IT 00161 IT

Title: MGRM () Delete
Name: VUDAFIERI, ADARTICO
Address: VIA PIERONTE 6
City-St-Zip: CASTELFRANCO V, IT 31033 IT

Title: S () Delete
Name: TRONCONE, MONIQUE
Address: 201 NE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432 US

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: MONIQUE TRONCONE

S

05/21/2009

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