

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031022

FILED  
Jul 17, 2009  
Secretary of State

Entity Name: BARANDRESTAURANTS, LLC

**Current Principal Place of Business:**

6865 EAST BAY DRIVE  
SUITE 9  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

6865 EAST BAY DRIVE  
SUITE 9  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 26-2263584      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:**

MAGGIORE, RAFFAELLA  
6865 BAY DRIVE  
APT 9  
MIAMI BEACH, FL 33141 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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: MORELLI, PIETRO A  
Address: 6865 EAST BAY DRIVE, APT 9  
City-St-Zip: MIAMI BEACH, FL 33141

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Delete  
Name: SERRA, GIOVANNI  
Address: 910 BAY DRIVE, APT 7  
City-St-Zip: MIAMI BEACH, FL 33141

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: PIETRO MORELLI

MGRM

07/17/2009

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