

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000039499

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** LATORO, LLC

**Current Principal Place of Business:**

1680 MICHIGAN AVE.  
SUITE 1014  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVE.  
SUITE 1014  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 26-2451687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWIMMER, AARON  
1680 MICHIGAN AVE.  
SUITE 1014  
MIAMI BEACH, FL 33139 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:** AARON SWIMMER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PELLICCIOTTI, ANTONIO  
**Address:** 8301 NW 197TH STREET  
**City-St-Zip:** MIAMI, FL 33015 US

**Title:** MGR  
**Name:** MARTINIELLO, ANGELINA  
**Address:** 8301 NW 197TH STREET  
**City-St-Zip:** MIAMI, FL 33015 US

**Title:** MGR  
**Name:** PELLICCIOTTI, CONSALVO  
**Address:** 8301 NW 197TH STREET  
**City-St-Zip:** MIAMI, FL 33015 US

**Title:** MGR  
**Name:** PELLICCIOTTI, LAURA  
**Address:** 8301 NW 197TH STREET  
**City-St-Zip:** MIAMI, FL 33015 US

**Title:** MGR  
**Name:** PELLICCIOTTI, ROBERTO  
**Address:** 8301 NW 197TH STREET  
**City-St-Zip:** MIAMI, FL 33015 US

I hereby 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:** ANTONIO PELLICCIOTTI

M

04/19/2011

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