

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039499

FILED  
Jan 05, 2012  
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:**

SWIMMER LAW ASSOCIATES, P.A.  
1680 MICHIGAN AVE.  
SUITE 1014  
MIAMI BEACH, FL 33139 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: AARON SWIMMER

01/05/2012

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: ANTONINO PELLICCIOTTI

P

01/05/2012

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