

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057065

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** MONDIALE LAW GROUP, PL

**Current Principal Place of Business:**

550 11TH STREET, SUITE 211  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

550 11TH STREET,  
SUITE 211  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

550 11TH STREET, SUITE 211  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

550 11TH STREET,  
SUITE 211  
MIAMI BEACH, FL 33139 US

**FEI Number:** 80-0197461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MISIRLIOGLU, SENIZ  
550 11TH STREET, SUITE 211  
MIAMI BEACH, FL 33139 US

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

MISIRLIOGLU, SENIZ  
550 11TH STREET  
SUITE 211  
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:

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MISIRLIOGLU, SENIZ  
Address: 999 BRICKELL AVENUE, SUITE 700  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MISIRLIOGLU, SENIZ  
Address: 550 11 STREET, SUITE 211  
City-St-Zip: MIAMI, FL 33139 US

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: SENIZ MISIRLIOGLU

MGRM

03/20/2009

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