

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059176

FILED
Aug 31, 2009
Secretary of State

Entity Name: AVVOCATI.US PLLC

Current Principal Place of Business:

3111 W DR MARTIN L KING BLVD, STE 100
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3111 W DR MARTIN L KING BLVD, STE 100
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 83-0514052 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:

MANEY & GORDON, P.A.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

PUNWANI, AMEET A CPA
2240 TWELVE OAKS WAY
SUITE 102
WESLEY CHAPEL, FL 33544 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: AMEET A PUNWANI

08/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BONTA, ALESSANDRO
Address: 1903 60TH PLACE EAST, SUITE M5471
City-St-Zip: BRADENTON, FL 34203 US

Title: MGRM (X) Delete
Name: ZUCCARINO, FEDERICO
Address: 1903 60TH PLACE EAST, SUITE M5471
City-St-Zip: BRADENTON, FL 34203 US

ADDITIONS/CHANGES:

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: ALESSANDRO BONTA

MGRM

08/31/2009

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