2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100599

Entity Name: BISTRO FAMIGLIA LLC

City-St-Zip:

DELRAY BEACH, FL 33446

FILED Sep 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16033 BRIER CREEK DRIVE DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** 16033 BRIER CREEK DRIVE DELRAY BEACH, FL 33446 FEI Number: 26-3665806 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: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: MGR Title: () Change () Addition () Delete MOLDER, HOWARD Name: Name: Address: 16033 BRIER CREEK DRIVE Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: SCHULMAN, ART Name: SCHULMAN, ART Address: 16033 BRIER CREEK DRIVE Address: 7901 SONATA BAY POINT City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: () Change () Addition MOLDER, HOWARD Name: Name: 16033 BRIER CREEK DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: SCHULMAN, ART Name: SCHULMAN, ART 16033 BRIER CREEK DRIVE Address: Address: 7901 SONATA BAY POINT

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.

City-St-Zip:

LAKE WORTH, FL 33467

SIGNATURE: HOWARD MOLDER PRES 09/09/2009