

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014901

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** CONCEPT STYLE ITALY, LLC

**Current Principal Place of Business:**

150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLOGNA, STEFANIA ESQ  
150 S.E. 2ND AVENUE, SUITE #1010  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CASCELLA, DANILO  
Address: VIA S. PAOLO 12/A, FRANCAVILLA AL MA  
City-St-Zip: CHICTI, IT 66023 XX

Title: MGR  
Name: ZAMPACORIA, DINO  
Address: VIA LAGO DI GARDA 4, SPOLTORE  
City-St-Zip: PESCARA, IT 65010 XX

Title: MGR  
Name: CHIAVAROLI, MAURIZIO  
Address: VIA METAURO 34, SPOLTORE  
City-St-Zip: PESCARA, IT 65010 XX

Title: MGR  
Name: DE ACETIS, DONATO  
Address: VIA METAURO 34, SPOLTORE  
City-St-Zip: PESCARA, IT 65010 XX

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:** DANILO CASCELLA

MGR

04/29/2010

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