

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022832

Entity Name: KNICKERBOCKER 204, LLC

FILED
Mar 20, 2012
Secretary of State

Current Principal Place of Business:

1348 WASHINGTON AVE STE 125
MIAMI BEACH, FL 33139

New Principal Place of Business:

1521 ALTON ROAD
716
MIAMI BEACH, FL 33139

Current Mailing Address:

1348 WASHINGTON AVE STE 125
MIAMI BEACH, FL 33139

New Mailing Address:

1521 ALTON ROAD
716
MIAMI BEACH, FL 33139

FEI Number: 26-4612574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSERVA, SONIA
1348 WASHINGTON AVE STE 125
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CONSERVA, SONIA
1521 ALTON ROAD
716
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: SONIA CONSERVA

03/20/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CONSERVA, SONIA
Address: 1521 ALTON ROAD, STE 716
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: DESSANTI, DANIELE
Address: 1521 ALTON ROAD, STE 716
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: MORGANTI, SUSANNA
Address: 1521 ALTON ROAD, STE 716
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: DESSANTI, PATRIZIA
Address: 1521 ALTON ROAD, STE 716
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM
Name: DE CANDIDO, MASSIMO
Address: 1521 ALTON ROAD, STE 716
City-St-Zip: MIAMI BEACH, FL 33139

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: SONIA CONSERVA

MGRM

03/20/2012

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