L09000037524

LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 22 PM 12:52

CR2E035 (11/08)

DOCUMENT # L09-37524

1. Entity Name
ILTOSCANO, LLC

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
320 Vinings Way Blvd	981 Hwy 98 E
Suite, Apt. #, etc.: Apt 10-106	Suite, Apt #, etc.: Suite 3172
City & State: Destin, Fl	City & State: Destin Fl
Zip: 32541 Country: USA	Zip: 32541 Country: USA

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Monica Schiano
Street Address (P.O. Box Number is Not Acceptable): 320 Vinings Way Blvd.
Apt. 10-106
City: Destin FL Zip Code: 32541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Monica Schiano 11-9-2011
Registered agent signature / Date

January 1 - May 1 Fee is $138.75
After May 1 Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Damiano Schiano
STREET ADDRESS	320 Vinings Way Blvd 10-106
CITY-ST-ZIP	Destin Fl 32541
TITLE	MGRM
NAME	Monica Schiano
STREET ADDRESS	320 Vinings Way Blvd. 10-106
CITY-ST-ZIP	Destin Fl 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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Celt 11/28/11

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Monica Schiano Monica Schiano 11-9-2011 (850-896-0420)
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER/MANAGER OR ATTORNEY-IN-FACT / Date / Daytime Phone #