

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000073801

Entity Name: FIDOCA, LLC

FILED  
Feb 10, 2011  
Secretary of State

**Current Principal Place of Business:**

55 SE 6TH ST. UNIT 2903  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

55 SE 6TH ST. UNIT 2903  
MIAMI, FL 33131

**New Mailing Address:**

770 CLAUGHTON ISLAND DRIVE  
STE CU1  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

PERAZA, JUDITH  
9100 S. DADELAND BOULEVARD  
1500  
MIAMI, FL FL 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: MGRM  
Name: FINIZOLA CELLI, FRANCISCO  
Address: 901 BRICKELL KEY BOULEVARD, UNIT 809  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: FINIZOLA DE D'ONGHIA, FRANCISCA  
Address: 901 BRICKELL KEY BOULEVARD, UNIT 809  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: D'ONGHIA FINIZOLA, PEDRO P  
Address: 901 BRICKELL KEY BOULEVARD, UNIT 809  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: D'ONGHIA F., MARIA G  
Address: 55 SE 6TH ST. UNIT 2903  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: PATRICIA, D'ONGHIA F  
Address: 55 SE 6TH ST. UNIT 2903  
City-St-Zip: MIAMI, FL 33131

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: FRANCISCA FINIZOLA

MGRM

02/10/2011

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