

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080770

FILED  
Apr 14, 2011  
Secretary of State

Entity Name: MOROMAVE LLC

**Current Principal Place of Business:**

5311 SW 173RD AVENUE  
MIRAMAR, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

5311 SW 173RD AVENUE  
MIRAMAR, FL 33029 US

**New Mailing Address:**

FEI Number: 27-0820731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SALVIOLI, ROSANNA  
5311 SW 173RD AVENUE  
MIRAMAR, FL 33029 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: SALVIOLI, ANTONIO  
Address: 5311 SW 173RD AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM  
Name: MATA DE SALVIOLI, DORIS  
Address: 5311 SW 173RD AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM  
Name: SALVIOLI, ROSANNA  
Address: 5311 SW 173RD AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM  
Name: SALVIOLI, MONICA  
Address: 5311 SW 173RD AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM  
Name: SALVIOLI, MARIANNA  
Address: 5311 SW 173RD AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM  
Name: SALVIOLI, VERONICA  
Address: 5311 SW 173RD AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

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: ROSANNA SALVIOLI

MGRM

04/14/2011

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