

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082085

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** IL MERCATO CAFE & WINE SHOP, LLC

**Current Principal Place of Business:**

1454 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1454 E. HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 27-0804734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCH, MICHAEL J  
442 TAMARIND DR.  
HALLANDALE BEACH, FL 33009 US

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

LYNCH, MICHAEL J  
2000 ATLANTIC SHORES #501  
HALLANDALE BEACH, FL 33009 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:**

04/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LYNCH, MICHAEL J  
**Address:** 2000 ATLANTIC SHORES #501  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

**Title:** MGR  
**Name:** DANTONI, MICHELE  
**Address:** 442 TAMARIND DR  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

**Title:** MGR  
**Name:** DANTONI, ELISABETH  
**Address:** 442 TAMARIND DR  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

**Title:** MGR  
**Name:** FINNE, EMILY I  
**Address:** 2000 ATLANTIC SHORES #501  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

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:** MICHAEL LYNCH

MGRM

04/13/2011

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