## 1000003626

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	<i>;#</i> )
		MAIL
	siness Entity Nan	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Lise On	



مارتيجة

FILED 10 JUNITE PHI:03 SLOCETARY OF STATE

.06/14/10--01036--019. \*\*25.00

D. BRUCE

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

## VETRO, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURIZIO FIORINI

Name of Person

VETRO, LLC

Firm/Company

2451 BRICKELL AVENUE #9P

Address

MIAMI, FL 33129 City/State and Zip Code

fiorini60@yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE ANNESSER Name of Person

at (\_\_\_\_\_305\_\_\_)

235-9292

Ŧ

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	VETRO, LLC		
2. (a) Principal office address of limited liability company	2451 BRICKELL AVENUE #9P		
( <i>Note:MUST BE STREET ADDRESS</i> )	MIAMI, FL 33129		
(b) Mailing address of limited liability company:	2451 BRICKELL AVENUE #9P		
(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33129		
01/12/10	L1000003626		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	STEFANIA BOLOGNA, ESQ		
Registered Office Address:	150 SE 2ND AVENUE SUITE 1010 MIAMI, FL 33131		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	V Registered Office address: DIANE ANNESSER, EA 9245 SW 157 STREET		
(MUST BE FLORIDA STREET ADDRESS)			
	PALMETTO BAY ,FL33157		
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
MAURIZIO FIORINI, MBR Printed or typed name of signee			
I hereby accept the appointment as registered agent and an comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos- Chapter 608, F.S. Or, if this document is being filed to men address, Lhereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

.

÷.