

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078682

Entity Name: ALICE FLAMINGO, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

100 S.E. 2ND STREET, SUITE 2610  
MIAMI, FL 33131

**New Principal Place of Business:**

1330 WEST AVE  
APT 2704  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

100 S.E. 2ND STREET, SUITE 2610  
MIAMI, FL 33131

**New Mailing Address:**

1330 WEST AVE  
APT 2704  
MIAMI BEACH, FL 33139

FEI Number: 37-1650499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARTUREN, MARINA ESQ.  
100 S.E. 2ND STREET, SUITE 2610  
MIAMI, FL 33131 US

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

PICINELLI, GIORGIO  
1680 MICHIGAN AVE  
SUITE 910  
MIAMI BEACH, FL 33139 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: GIORGIO PICINELLI

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRAMBILLA, ALDO  
Address: 1330 WEST AVE APT 2704  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: BRAMBILLA, GUIDO M.A.  
Address: 1330 WEST AVE APT 2704  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: BRAMBILLA, GIULIA  
Address: 1330 WEST AVE APT 2704  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: GUARDAFIGO, VALLI  
Address: 1330 WEST AVE APT 2704  
City-St-Zip: MIAMI BEACH, FL 33139 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: VALLI GUARDAFIGO

MGR

04/24/2012

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