

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90281 042 \*\*\*\*50.00

**DOCUMENT # L93000000417**

1. Entity Name

ITALASWEDE INTERNATIONAL, L.C.



Principal Place of Business

7549 LODGE POLE TRAIL  
WINTER PARK FL 32792

Mailing Address

P.O. BOX 4488  
WINTER PARK FL 32793-4488

2. Principal Place of Business

840 N. ORLANDO AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

City & State

Zip

32789

Country

ORANGE

Zip

Zip

Country

Country

4. FEI Number

59-3252152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J  
37 N. ORANGE AVE., SUITE 210  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

FRANK DE MARIA

Street Address (P.O. Box Number is Not Acceptable)

7549 LODGE POLE TRL.

City

WINTER PARK

FL

Zip Code

32792-9054

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank De Maria

2/20/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME NICASTRO, GIACOMO  
STREET ADDRESS ORMBERGSVAGEN 10  
CITY-ST-ZIP 117 67 STOCKHOLM, SWEDEN

☐ Delete

TITLE MGRM  
NAME NICASTRO, SALVATORE  
STREET ADDRESS ORMBERGSVAGEN 10  
CITY-ST-ZIP 117 67 STOCKHOLM, SWEDEN

☐ Delete

TITLE MGRM  
NAME NICASTRO, ANITA H.  
STREET ADDRESS ORMBERGSVAGEN 10  
CITY-ST-ZIP 117 67 STOCKHOLM, SWEDEN

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Giuseppe Nicastro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/20/2004

Daytime Phone #