

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L93000000417

1. Entity Name  
ITALASWEDE INTERNATIONAL, L.C.



Principal Place of Business  
840 N. ORLANDO AVE.  
WINTER PARK, FL 32789

Mailing Address  
P.O. BOX 4488  
WINTER PARK, FL 32793-4488



02122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

DE MARIA, FRANK  
7549 LODGE DOLE TRL  
WINTER PARK, FL 32792-9054

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

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

3/31/08 4076-789523

Date

Daytime Phone #