

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90155 008 \*\*\*\*50.00

DOCUMENT # L98000001114

1. Entity Name

ALLEGRETTO, L.C.



Principal Place of Business

Mailing Address

~~2410 HARBOURSIDE DR. #132~~  
~~LONGBOAT KEY FL 34228~~

~~2410 HARBOURSIDE DR. #132~~  
~~LONGBOAT KEY FL 34228~~

393 NORTH POINT RD #301  
FL 34229

2. Principal Place of Business

3. Mailing Address

393 NORTH POINT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 301

City & State

City & State

FLORIDA 34229

Zip

Country

Zip

Country

34229

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEINSDORF, VERA

~~2410 HARBOURSIDE DR. #132~~

~~LONGBOAT KEY FL 34228~~

393 NORTH POINT RD #301  
FL 34229

Name

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

City

FL

Zip Code

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

1/27/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEINSDORF, VERA	
STREET ADDRESS	<del>2410 HARBOURSIDE DR. #132</del>	
CITY-ST-ZIP	<del>LONGBOAT KEY FL 34228</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* VERA LEINSDORF 1/27/05 918 9140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20006393



1st MOORE

CR2E083 (10/04)

4. FEI Number

65-0853964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required