

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000041

FILED
Jan 13, 2009
Secretary of State

Entity Name: DUOMO FOOD CONCEPTS - DORAL L.L.C.

Current Principal Place of Business:

10540 N.W. 26 STREET
SUITE G-203
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10540 N.W. 26 STREET
SUITE G-203
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0900882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALENZONA, ROMANO
Address: 10540 N.W. 26 ST., STE G-203
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: PALENZONA, PATRIZIA
Address: 10540 N.W. 26 ST., STE G-203
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: PALENZONA, DENISE
Address: 10540 NW 26 STREET STE G203
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DENISE PALENZONA

MGR

01/13/2009

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