

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000002613**

1. Entity Name  
**BROVELLI FINE ITALIAN IMPORTS, L.C.**



Principal Place of Business  
**3090 SW MARTIN DOWNS BLVD.  
PALM CITY, FL 34990**

Mailing Address  
**3090 SW MARTIN DOWNS BLVD.  
PALM CITY, FL 34990**

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-0927761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BROVELLI, FABRIZIO  
2141 SW OLYMPIC CLUB TERR  
PALM CITY, FL 34990**

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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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000287867  
04/04/05-80084-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BROVELLI, FABRIZIO
STREET ADDRESS	2161 SW OLYMPIC CLUB TERR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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** **FABRIZIO BROVELLI**

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

**3/31/05 772-221-0608**

Date

Daytime Phone #