

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000004878

1. Entity Name
BINDA USA LLC



Principal Place of Business
615 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

Mailing Address
18851 NE 29TH AVE
STE 1000
AVENTURA, FL 33180



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2156555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEDONE, JOANNE
% BINDA USA LLC
18851 N.E. 29TH AVENUE, STE. 1000
AVENTURA, FL 33180

**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 MGR
NAME BINDA, MARCELLO
STREET ADDRESS 18851 NE 29TH AVENUE, SUITE 1000
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME BINDA, SIMONE
STREET ADDRESS 18851 NE 29TH AVENUE, SUITE 1000
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME PIERACCIONI, GIOVANNI
STREET ADDRESS 18851 NE 29TH AVENUE, SUITE 1000
CITY-ST-ZIP AVENTURA, FL 33180

TITLE MGR
NAME PAGLIARA, FRANCESCO
STREET ADDRESS 18851 NE 29TH AVENUE, SUITE 1000
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000789221
01/22/08-80017-014-138.75

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: *Joanne Tedone* JOANNE TEDONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/08
Date

786-279-2524
Daytime Phone #