

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001573

FILED
Feb 25, 2009
Secretary of State

Entity Name: ENFATICO LLC

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
MIAMI, FL 33131

New Principal Place of Business:

C/O WPP, 125 PARK AVE., 4TH FL.
NEW YORK, NY 10017

Current Mailing Address:

601 BRICKELL KEY DRIVE
MIAMI, FL 33131

New Mailing Address:

C/O WPP, 125 PARK AVE., 4TH FL.
NEW YORK, NY 10017

FEI Number: 26-2529208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: NEUMAN, THOMAS O
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: MGR () Delete
Name: FAREWELL, KEVIN
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title: MGR () Delete
Name: LOBENE, TOM
Address: 125 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

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: THOMAS O. NEUMAN

MGR

02/25/2009

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