

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021152

**Entity Name:** CIPRIANI MIAMI RESTAURANT LLC

**Current Principal Place of Business:**

465 BRICKELL AVENUE  
COM. LOT 1 BUILDING 1  
MIAMI, FL 33131

**Current Mailing Address:**

110 EAST 42ND STREET  
NEW YORK, NY 10017

**FEI Number:** 45-4668586

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HIGGINS, JOHN  
Address        110 EAST 42ND STREET  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER  
Name           DELLE CAVE, SALVATORE  
Address        110 EAST 42ND STREET  
City-State-Zip: NEW YORK NY 10017

Title           MANAGER  
Name           SAVI, ALDO  
Address        110 EAST 42ND STREET  
City-State-Zip: NEW YORK NY 10017

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALVATORE DELLE CAVE

**FINANCE CONTROLLER**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date