

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101019

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** SCHAFER'S INTERNATIONAL ENTERPRISE, LLC

**Current Principal Place of Business:**

1458 VIKING COURT  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

5109 DEL PRADO BLVD S.  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 26-3756701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS, VIOLA  
5109 DEL PRADO BLVD S.  
CAPE CORAL, FL 33904 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:** MGRM  
**Name:** SCHAEFER, THOMAS  
**Address:** HAUPTSTRASSE 51  
**City-St-Zip:** GINSHEIM, GM 65462 GM

**Title:** MGRM  
**Name:** SCHAEFER, BIRGIT  
**Address:** HAUPTSTRASSE 51  
**City-St-Zip:** GINSHEIM, GM 65462 GM

I hereby 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:** BIRGIT SCHAEFER

MGRM

04/28/2012

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