

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90129 012 \*\*\*\*50.00

**DOCUMENT # L02000023267**

1. Entity Name  
LLL INT'L DEVELOPMENT, LLC



Principal Place of Business  
8247 NW 66 STREET  
MIAMI, FL 33166 US

Mailing Address  
8247 NW 66 STREET  
MIAMI, FL 33166 US

**20012239**



2. Principal Place of Business  
14838 Fripp Island Ct  
Suite, Apt. #, etc.

3. Mailing Address  
14838 Fripp Island Ct  
Suite, Apt. #, etc.

02072005 Chg-LLC CR2E083 (10/03)

City & State  
Naples, FL

City & State  
Naples, FL

4. FEI Number  
05-0530226

Applied For  
Not Applicable

Zip  
34119

Country

Zip  
34119

Country

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

6. Name and Address of Current Registered Agent

VERDE, CARLOS MANUEL  
8247 NW 66 STREET  
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name  
CARLOS MANUEL VERDE  
Street Address (P.O. Box Number is Not Acceptable)  
14838 Fripp Island Ct.  
City Naples FL Zip Code 34119

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/12/05*

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME ZABALA, VLADIMIR L  
STREET ADDRESS 8247 NW 66 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 14838 Fripp Island Ct.  
CITY-ST-ZIP Naples, FL 34119

TITLE MGR ☐ Delete  
NAME SIERRA, ALVARO L  
STREET ADDRESS 8247 NW 66 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 14838 Fripp Island Ct.  
CITY-ST-ZIP Naples, FL 34119

TITLE MGR ☐ Delete  
NAME ZABALA, SALVADOR L  
STREET ADDRESS 8247 NW 66 STREET  
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 14838 Fripp Island Ct.  
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

02-08-2005

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

Date

Daytime Phone #