## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90028 039 \*\*\*138.75

1. Entity Nam	MENT # MU700006 ERNATIONAL, LLC	5548			04-30-2000	900 <u>2</u> 0 039	136.73	
Principal Place of Business		Mailing Address			50005512			
1310 GOSHEN PARKWAY Westchester, pa 19380		1310 GOSHEN PARKWAY Westchester, pa 19380					UIG	
	•							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182008	Chg-LLC	CR2E083 (12	(06)	
City & State WEST CHESTER		City & State WEST CHESTER		4. FEI Numbe 91-131			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	☐ \$5.00 Fee Re	Additional quired.	
6. Name and Address of Current Registered Agent				7. Name and	7. Name and Address of New Registered Agent			
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525		Street Add	lress (P.Q. Box Numbe	er is Not Acceptable		Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	<u> </u>	egistered agent, or bot	h, in the State of Flo	FL   ·		
ordinitione.	Signature, typed or printed name of registered agent a	nd tire if applicable. (NOTE	Registered Agent signature	required when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			Make check payable to Fiorida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE			<b>J</b> Cha	inge 🔲 Addition	
NAME	BALLBACH, JOHN M		NAME OTREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1310 GOSHEN PARKWAY WESTCHESTER, PA 19380		STREET ADDRESS CITY-ST-ZIP					
	MGR							
TITLE NAME	ALEXOS, NICHOLAS W	☐ Delete	TITLE NAME			<b>∑</b> Cha	inge 🗌 Addition	
STREET ADDRESS	1310 GOSHEN PARKWAY		STREET ADDRESS					
CITY-ST-ZIP	WESTCHESTER, PA 19380		CITY-ST-ZIP					
TITLE	MGR	Delete	TITLE			(Z1) ch-	unge Addition	
NAME -	BARCHI, ROBERT L	∟ Delete	NAME				maci_ wooning	
STREET ADDRESS	1310 GOSHEN PARKWAY		STREET ADDRESS					
CITY-ST-ZIP	WESTCHESTER, PA 19380		CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-2IP

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

☐ Delete

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TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

MGR

MGR

MGR

BLECHSCHMIDT, EDWARD A

1310 GOSHEN PARKWAY

DEAN, THOMPSON

WESTCHESTER, PA 19380

1310 GOSHEN PARKWAY

DECRESCE, ROBERT P

1310 GOSHEN PARKWAY

WESTCHESTER, PA 19380

WESTCHESTER, PA 19380

4/18/08

60.429.5532

Change

∠ Change

Change

■ Addition

Addition

Addition

## **ATTACHMENT**

550005512 #M0700006548

\* Please not,

West Chester is two

words, not onc.

Please wave the adjustments
on all managers as well