

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90024 001 \*\*\*\*50.00

**DOCUMENT # L00000003270**

1. Entity Name

**ECOS INTERNATIONAL LLC.**



Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 703  
MIAMI FL 33131

601 BRICKELL KEY DRIVE  
SUITE 703  
MIAMI FL 33131

**55053241**

2. Principal Place of Business

7700 Congress Avenue #2106

3. Mailing Address

7700 Congress Avenue

Suite, Apt. #, etc.

#2106

Suite, Apt. #, etc.

#2106

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0994603

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NETTIG, CLAUDIA  
601 BRICKELL KEY DRIVE  
SUITE 703  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Claudia Nettig

Street Address (P.O. Box Number is Not Acceptable)

7700 Congress Avenue #2106

City BOCA RATON

FL

Zip Code 33487

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

(NOTE: Registered Agent signature required when releasing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☒ Delete  
NAME **DEISER, ALEXANDER**  
STREET ADDRESS **1021 HILLSBORO MILE #605**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **S** ☒ Delete  
NAME **NETTIG, CLAUDIA**  
STREET ADDRESS **1021 HILLSBORO MILE #605**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **DEISER, ALEXANDER**  
STREET ADDRESS **921 Osceola Drive #6**  
CITY-ST-ZIP **Boca Raton, FL 33432** **President**

TITLE ☒ Change ☐ Addition  
NAME **Claudia Nettig**  
STREET ADDRESS **921 Osceola Drive #6**  
CITY-ST-ZIP **Boca Raton, FL 33432** **Secretary**

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

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

TITLE ☐ Change ☐ Addition  
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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (4/03)