

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008647

Entity Name: B B INTERNATIONAL, L.L.C.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1530 SOUTH OCEAN BLVD APT 704
POMPANO BEACH, FL 33062

New Principal Place of Business:

1530 SOUTH OCEAN BLVD
APT 704
POMPANO BEACH, FL 33062 US

Current Mailing Address:

1530 SOUTH OCEAN BLVD APT 704
POMPANO BEACH, FL 33062

New Mailing Address:

1530 SOUTH OCEAN BLVD
APT 704
POMPANO BEACH, FL 33062 US

FEI Number: 38-3407945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERPOINT, STEPHEN
1530 SOUTH OCEAN BLVD APT 704
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

PIERPOINT, STEPHEN
1530 SOUTH OCEAN BLVD
APT 704
POMPANO BEACH, FL 33062 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECKER, SILVIA E
Address: 1530 SOUTH OCEAN BLVD APT. 704
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM () Delete
Name: BECKER, BERND
Address: 1530 SOUTH OCEAN BLVD APT. 704
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SILVIA E. BECKER

MGRM

04/27/2009

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