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FILED
May 24, 2002 8:00 am
Secretary of State
03-13-2002 90095 027 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022052

1. Entity Name

MERCCO INTERNATIONAL, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1612 S.W. 7th St.	1612 S.W. 7th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number: 26-0011725 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Christine M. DiFiore, CPA
Street Address (P.O. Box Number is Not Acceptable): 8220 State Road 84
Suite 200
City: Davie FL Zip Code: 33324

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.

SIGNATURE: Christ D. Fiore 2/9/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Donato Walter Casale 5213 Bodega Place Delray Beach, FL 33484	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Serkan Hayati Lacin 1515 E. Broward Blvd, #316 Ft. Lauderdale, FL 33301	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E083B (12/01)

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: X _____ X 3-1-02 X (561) 272-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #