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Marco Lavanna

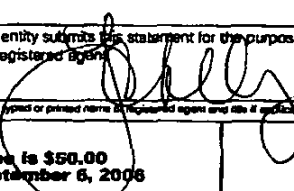
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FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90001 042 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

For Evaluation Only

DOCUMENT # L02000018099					
1. Entity Name IRONBRAND INTERNATIONAL, LLC					
Principal Place of Business 740 S RIDGEWOOD AVE ORMOND BEACH, FL 32174			Mailing Address 740 S RIDGEWOOD AVE ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-3054179	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARMAN, MICHAEL P 740 S RIDGEWOOD AVE ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name TC Kelly Street Address (P.O. Box Number is Not Acceptable) 99611 Overseas Hwy Ste 225 City Key Largo FL Zip Code 33037		
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 				DATE 5/18/06	
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVANNA, MARCO VIA VIE QUATTRO KEWTI 166 ROME, IT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lavanna, Marco Paseo Manuel Girona 17 6-2 Barcelona 08034 Spain, ES	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Verbeeck, Patrick 13904 Fiji Way, # 233 Marina del Rey, CA 90292	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: 			MARCO LAVANNA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/18/06 514-512-0953		

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