2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

04-22-2004 90350 022 ****50.00

DOCUMENT # L02000022314

1. Entity Name

MEGAMAR INTERNATIONAL, LLC

Principal Place of Business	Mailing Address
2182 SE 17TH CAUSEWAY FORT LAUDERDALE FL 33316	2182 SE 17TH CAUSEWAY FORT LAUDERDALE FL 33316

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

MOORE CR2E083 (11/03)

4. FEI Number 20-0243664 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON,SIGALOS & SPYREDES, P.A.
ATTN: ANASTASIOS TOM SPYREDES, ESQ.
120 EAST PALMETTO PARK ROAD, STE. 100
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name MELIS GIRAUD
Street Address (P.O. Box Number is Not Acceptable) 5701 CAMINO DEL SOL
APT 101
City BOCA RATON FL Zip Code 33433

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 Melis Giraud
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIRAUD, MELIS		NAME		
STREET ADDRESS	2182 SE 17TH CAUSEWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MULINO, CLEMENTE		NAME		
STREET ADDRESS	2182 SE 17TH CAUSEWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 608, Florida Statutes.

SIGNATURE: Melis Giraud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #