

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023267

Entity Name: LLL INT'L DEVELOPMENT, LLC

FILED
Apr 12, 2009
Secretary of State

Current Principal Place of Business:

9737 NW 41 ST. #324
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9737 NW 41 ST. #324
MIAMI, FL 33178 US

New Mailing Address:

FEI Number: 05-0530226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERDE, CARLOS MANUEL
14838 FRIPP ISLAND COURT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

VERDE, CARLOS MANUEL
9737 NW 41 ST. #324
MIAMI, FL 33178 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: CARLOS M VERDE

04/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZABALA, VLADIMIR L
Address: 9737 NW 41 ST. #324
City-St-Zip: MIAMI, FL 33178 US

Title: MGR () Delete
Name: SIERRA, ALVARO L
Address: 9737 NW 41 ST. #324
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: ZABALA, SALVADOR L
Address: 9737 NW 41 ST. #324
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

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

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: VLADIMIR L ZABALA

MGR

04/12/2009

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