

FILED

Feb 26, 2007 08:00
Secretary of State**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000032344

1. Entity Name
VAN HOVE INTERNATIONAL, LLCPrincipal Place of Business
4100 NE 2ND AVENUE STE. 101
MIAMI, FL 33137Mailing Address
4100 NE 2ND AVENUE STE. 101
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
68-0533801Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAULIN, EDUARDO
4100 NE 2ND. AVE. #101
MIAMI, FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAULIN, EDUARDO
8762 SW 3RD AVE
MIAMI, FL 33174 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000646481
03/06/07-80034-002 50.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #