

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033752

FILED
Mar 19, 2009
Secretary of State

Entity Name: ECHE' INTERNATIONAL, LLC

Current Principal Place of Business:

715 KEATON PKWY
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

715 KEATON PKWY
OCOE, FL 34761

New Mailing Address:

FEI Number: 36-4539589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ECHENICE
715 KEATON PKWY
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHEELER, JARVIS A.C.
Address: 715 KEATON PKWY
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: WHEELER, JARCELYN C
Address: 715 KEATON PKWY
City-St-Zip: OCOE, FL 34761

Title: MGR () Delete
Name: THOMPSON, E. CHENICE
Address: 715 KEATON PKWY
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: THOMPSON, FRANK E
Address: 715 KEATON PKWY
City-St-Zip: OCOE, FL 34761

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:

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: FRANK E. THOMPSON

MGRM

03/19/2009

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