

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011327

FILED
Jul 09, 2005
Secretary of State

Entity Name: MYR INTERNATIONAL LLC

Current Principal Place of Business:

2940 LOUISE STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2940 LOUISE STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-0761826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NADAL, MARTA
2940 LOUISE STREET
MIAMI, FL 33133 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NELSON, RANDALL S
Address: 2940 LOUISE STREET
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: NADAL, MARTA
Address: 2940 LOUISE STREET
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: NELSON, RAUL
Address: 2940 LOUISE STREET
City-St-Zip: MIAMI, FL 33133

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 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 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: RANDALL NELSON

MR

07/09/2005

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