

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016713

FILED
Apr 02, 2008
Secretary of State

Entity Name: ARM INTERNATIONAL, L.L.C. A LIMITED LIABILITY COMPANY

Current Principal Place of Business:

11762 LANIER CREEK DR
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 20-0836773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT RD, BLDG 100
JACKSONVILLE, FL 32256 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: SPIVAK, MARK
Address: 1633 INKBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGMR () Delete
Name: LEVIN, ANATOLIY
Address: 11762 LANIER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGMR () Delete
Name: OOO FOTO ART,
Address: NIKULINSKAYA 23/1, SUITE 104
City-St-Zip: 119602 MOSCOW, RUSSIA, NA RUSSIA

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: MARK SPIVAK

M

04/02/2008

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