

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043879

Entity Name: R + S INTERNATIONAL, LLC

FILED  
Feb 02, 2007  
Secretary of State

## Current Principal Place of Business:

9710 BAY HARBOR CIRCLE SUITE 104  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

12801 COMMERCE LAKES DRIVE # 104  
FORT MYERS, FL 33913 US

## Current Mailing Address:

9710 BAY HARBOR CIRCLE SUITE 104  
FORT MYERS, FL 33919 US

## New Mailing Address:

6081 SILVER KING BLVD. # 505  
CAPE CORAL, FL 33914 US

FEI Number: 54-2154020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FROMM, HARALD MGR.  
11256 BIENVENIDA WAY  
APT. 201  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

FROMM, HARALD MGR.  
6081 SILVER KING BLVD.  
# 505  
CAPE CORAL, FL 33914 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: HARALD FROMM

02/02/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FROMM, HARALD  
Address: 11256 BIENVENIDA WAY # 201  
City-St-Zip: FORT MYERS, FL 33908 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FROMM, HARALD  
Address: 6081 SILVER KING BLVD. # 505  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HARALD FROMM

MGR

02/02/2007

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