


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000045146	
1. Entity Name IDF INTERNATIONAL LLC	

Principal Place of Business 1381 COTTONWOOD CIRCLE WESTON, FL 33326 US	Mailing Address 1381 COTTONWOOD CIRCLE WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3901663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  ROTUNDO, MARIA A 1381 COTTONWOOD CIRCLE WESTON, FL 33326
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTUNDO, GERONIMO 1381 COTTONWOOD CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAJUL, MIGUEL 1381 COTTONWOODS CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREPO, MARIA 1381 COTTONWOOD CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRESPO, MARIA 1381 COTTONWOOD CIRCLE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000866184  
04/02/08-80018-020 138.75

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: *Maria Rotundo* 3/18/08 (754) 246-2255  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #