2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048560

1. Entity Name
MARVI INTERNATIONAL LLC

Principal Place of Business	Mailing Address
11183 SOUTH ORANGE BLOOSOM TR ORLANDO, FL 32837	C/O THE BYWATER COMPANY 105 EAST ROBINSON ST SUITE 540 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

60011400

01212008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
14-1910643	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

QURESHI, TAHIRA
8767 SOUTHERN BREEZE DR
ORLANDO, FL 32836

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating).   DATE

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	QURESHI, TAHIRA
STREET ADDRESS	87676 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	VP
NAME	QURESHI, IMTIAZ
STREET ADDRESS	8767 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   Qureshi, Imtiaz   1/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #