


FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90094 016 ****55.00

DOCUMENT # L04000057006																											
1. Entity Name JIREH ROHI INTERNATIONAL MARKETING ENTERPRISE, LLC		08-23-2005 90094 016 *****55.00																									
Principal Place of Business 1342 COLONIAL BLVD., K 121 FORT MYERS, FL 33907		Mailing Address 1342 COLONIAL BLVD., K 121 FORT MYERS, FL 33907																									
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE																									
Suite, Apt. #, etc. K-121		Suite, Apt. #, etc. K-121																									
City & State FORT MYERS, FL		City & State FORT MYERS, FL																									
Zip 33907		Zip 33907																									
Country USA		Country USA																									
6. Name and Address of Current Registered Agent WILLIAMS, KEITH 1342 COLONIAL BLVD., STE K-121 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: NONE Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:																									
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: N/A Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE:																											
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Keith Williams		8/15/05 (239) 826-6533																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																									