# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 19, 2009**
**Secretary of State**

DOCUMENT# L04000073032

**Entity Name:** RECOMINTE INT'L, LLC

**Current Principal Place of Business:**

2850 GLADES CIRCLE RD
UNIT F7
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2850 GLADES CIRCLE RD
UNIT F7
WESTON, FL 33327

**New Mailing Address:**

**FEI Number: 20-1722597** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, RENATO
2850 GLADES CIRCLE RD
UNIT F7
WESTON, FL 33327 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: CRUZ, RENATO
Address: 2850 GLADES CIRCLE RD UNIT F7
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Delete
Name: DE ALBUQUERQUE, JACQUES C
Address: 2850 GLADES CIRCLE RD UNIT F7
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

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: RENATO CRUZ MGRM 03/19/2009

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