

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082541

Entity Name: EG INTERNATIONAL, L.L.C.

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

18407 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

18407 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 20-8572552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEMESH, MARIA
18407 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: MGR () Delete
Name: DE MELO, MARIA EDINOLIA C
Address: 18407 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: MGR () Delete
Name: TRINDADE, RENATA DACAMAR M
Address: 18407 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE MELO, MARIA EDINOLIA C
Address: 18407 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR (X) Change () Addition
Name: TRINDADE, RENATA DACAMAR M
Address: 18407 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: MARIA SHEMESH

MRS.

03/06/2007

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