

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086130

1. Entity Name
ACME INTERNATIONAL, LLC



Principal Place of Business
**9100 S. DADELAND BOULEVARD, SUITE 901
MIAMI, FL 33156**

Mailing Address
**9100 S. DADELAND BOULEVARD, SUITE 901
MIAMI, FL 33156**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1947959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BINSTOCK, ALEX S
C/O BINSTOCK, RUBIN, ET AL
9100 S. DADELAND BLVD., SUITE 901
MIAMI, FL 33156-7815**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIVAKUMAR, MANNARGUDI R
STREET ADDRESS	18TH FL. FLAT-C, TUNGSHAN MANSION, NO 11
CITY- ST- ZIP	TAIKOO SHING RD, HONG KONG,
TITLE	MGRM
NAME	SIVAKUMAR, SRIVIDYA
STREET ADDRESS	18TH FL. FLAT-C, TUNGSHAN MANSION, NO 11
CITY- ST- ZIP	TAIKOO SHING RD, HONG KONG,
TITLE	MGR
NAME	GIRNUN, FRANK
STREET ADDRESS	1114 FAIRFIELD MEADOWS DRIVE
CITY- ST- ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000856566
03/14/07-80031-016 50.00

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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 606, Florida Statutes.

SIGNATURE x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 2/28/07 x

Date

Daytime Phone #