

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088983

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: FELIPE INTERNATIONAL LLC

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

**New Principal Place of Business:**

16375 NE 18 AVENUE # 225  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133

**New Mailing Address:**

16375 NE 18 AVENUE # 225  
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-6393538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133 US

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

SHAPIRO, IRA R  
16375 NE 18 AVENUE # 225  
NORTH MIAMI BEACH, FL 33162 US

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: IRA R. SHAPIRO

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COBO, FRANCISCO  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 703  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COBO, FRANCISCO  
Address: 16375 NE 18 AVENUE # 225  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: FRANCISCO COBO

MGR

04/10/2009

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