

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092260

Entity Name: MYRON INTERNATIONAL, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

C/O JOEL A. REYCRAFT
8087 MONETARY DR
RIVIERA BEACH, FL 33404

Current Mailing Address:

C/O JOEL A. REYCRAFT
8087 MONETARY DR
RIVIERA BEACH, FL 33404

New Principal Place of Business:

C/O JOEL A. REYCRAFT
2679 SW WEST LAKE CIR
PALM CITY, FL 34990

New Mailing Address:

C/O JOEL A. REYCRAFT
2679 SW WEST LAKE CIR
PALM CITY, FL 34990

FEI Number: 20-2272802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYCRAFT, JOEL A
8087 MONETARY DR
RIVIERA BEACH, FL 3404 US

Name and Address of New Registered Agent:

REYCRAFT, JOEL A
2679 SW WEST LAKE CIR
PALM CITY, FL 34990 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:

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: REYCRAFT, JOEL
Address: 2679 NW WESTLAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: CFO () Delete
Name: REYCRAFT, SUSAN
Address: 2679 NW WESTLAKE CIRCLE
City-St-Zip: PALM CITY, FL 34990

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: JOEL REYCRAFT

CEO

04/01/2009

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