

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

DOCUMENT # L05000000764

1. Entity Name
GAMER INTERNATIONAL, LLC



01-12-2007 90031 034 ***150.00

Principal Place of Business
**19942 NW 62ND CT
MIAMI, FL 33015**

Mailing Address
**19942 NW 62ND CT
MIAMI, FL 33015**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2099787

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELLENDEZ VEGA, LLC
9010 SW 137 AVE
225
MIAMI, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
REYES, PATRICIA V
20021 NE 62 COURT
HIALEAH, FL 33015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**20021 NW 62nd CT
MIAMI, FL 33015** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GARBO, MARCELA F
19942 NW 62ND CT
MIAMI, FL 33015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone

01/04/2007 (305) 216 2311