

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006036

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: VECTRA INTERNATIONAL LLC

**Current Principal Place of Business:**

3301 NORTH COUNTRY CLUB DRIVE  
SUITE 212  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3301 NORTH COUNTRY CLUB DRIVE  
SUITE 212  
MIAMI, FL 33180

**New Mailing Address:**

FEI Number: 35-2246701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RINCON, RICHARD  
3301 NORTH COUNTRY CLUB DRIVE  
MIAMI, FL 33180 US

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

RINCON, RICHARD  
3301 NORTH COUNTRY CLUB DRIVE  
212  
MIAMI, FL 33180 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: RICHARD E. RINCON

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RINCON, RICHARD  
Address: 3301 NORTH COUNTRY CLUB DRIVE, 212  
City-St-Zip: MIAMI, FL 33180

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: KUHNERT, BEATRIZ M  
Address: 3301 NORTH COUNTRY CLUB DRIVE, SUITE 212  
City-St-Zip: MIAMI, FL 33180

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: RICHARD E RINCON

MR.

03/11/2009

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