

2006 LIMITED LIABILITY COMPANY AMENDED-ANNUAL REPORT

DOCUMENT # L05000064668

1. Entity Name
FERRELL INTERNATIONAL, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 18 AM 10:07

Principal Place of Business
201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131 US

Mailing Address
201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3088445

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERRELL GROUP CORPORATE SERVICES, LLC
201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME IBLER, GEROLD ☒ Delete
STREET ADDRESS 201 S. BISCAYNE BLVD., 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME MILTON M. FERRELL, JR.
STREET ADDRESS 201 S. BISCAYNE BLVD., 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE S ☐ Change ☒ Addition
NAME MAYRA C. DA CASTIGLIONE
STREET ADDRESS 201 S. BISCAYNE BLVD., 34TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME 100080888241
STREET ADDRESS 10/17/06--01009--019 **50.00
CITY-ST-ZIP

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

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

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

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:

Mayra C. da Castiglione

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

8/23/2006 355-371-8585

Date

Daytime Phone #