2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Aug 25, 2008 8:00 am Secretary of State DOCUMENT # L05000116005 1. Entity Name 08-25-2008 90093 006 ***138.75 SAINT SOMEWHERE INTERNATIONAL IMPORTS LLC Principal Place of Business Mailing Address 2216 SE NEWCASTLE TERRACE PO BOX 1001 PORT SALERNO FL 34992 PORT ST LUCIE FL 34952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 2nd MOORE CR2E083 (4/08) City & State Applied For City & State 4. FEI Number 20-4846983 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKS, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 2216 SE NEWCASTLE TERRACE PORT ST LUCIE FL 34952 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. ,₹′Э` Signature, typod or printed name of registered argent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$538.75 S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 ð. late fee. By checking this box, the limited liability Make Check Payable to Florida Department of State company certifies it did not receive prior notice. Fee to Due By September 3, 2008 file is \$138.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE Delete TITLE Change ☐ Addition NAME HICKS, GEORGE E NAME STREET ADDRESS 22116 SE NEWCASTLE TERRACE STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34952 CITY-ST-ZIF TITLE THIS IS WRONG □ Delete ☐ Change ☐ Addition HAME NAME -2216 -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CffY-SI-ZIP CITY-ST-ZEP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 economic feet or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

limited liability company or the

FILED

160046626 # L05000116005

FEA DOPT OF STATE: DIVISION OF CORPORATIONS:

THANK YOU FOR YOUR RESPONSE.

AS A SINGLE PARKET OF 2 PRETIBENS, I WONDERED WHAT TRANSPIRED IN 2007 REGARDING MY CORPORATION RENEWAL.

PLEMOSE FUND ENTLLOSED COPUES OF ANDUM REPORT NOTICE RETURNED 1-14-07- I NEVER RESERVED VERIFICATION FOR BILLING.

I AM ENLLOSING REVENT APPLICATION ALONG WITH PAJMOST OF \$ 138-75

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