2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L06000007141

Entity Name: MILAZZO INTERNATIONAL, LLC

Current Principal Place of Business:

2840 WEST BAY DRIVE
SUITE 315
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

2840 WEST BAY DRIVE
SUITE 315
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

FEI Number: 20-4142667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTEY, PETER J
2840 WEST BAY DRIVE
SUITE 315
BELLEAIR BLUFFS, FL 33770 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ESTEY, PETER J PRES	
Address:	2840 WEST BAY DRIVE, SUITE 315	
City-St-Zip:	BELLEAIR BLUFFS, FL 33770 US	
Title:	MGR	( ) Delete
Name:	BIGELOW, ANGELICA N SEC	
Address:	1930 W. WARNER #2	
City-St-Zip:	CHICAGO, IL 60613 US	
Title:	MGR	(X) Delete
Name:	MATTHEWS, SHANNA L VP	
Address:	2840 W. BAY DR STE 315	
City-St-Zip:	BELLEAIR BLUFFS, FL 33770	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PETER J. ESTEY MGR 03/19/2009

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