2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 19, 2008 8:00 am **Secretary of State DOCUMENT # L06000012950** 03-19-2008 90148 022 ***138.75 RWM-INTERNATIONAL, LLC Principal Place of Business Mailing Address 429 S.E. 13TH CT 153 CLEAR BROOK TR. CAPE CORAL, FL 33990 DOUGLASVILLE, GA 30134 2. Principal Place of Business - No P.Q. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4485038 Not Applicable 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 Kevin F. Jurinski Joseph Street Address (P.O. Box Number is Not Acceptable) 7800 University Pointe Drive Suite 200 Ft. Myers, Fl. 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. 3-16-08 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE Delate MLE ☐ Change ■ Addition MORATTO, RICHARD WOWNER MALIF MALIF STREET ADDRESS 429 S.E. 13TH CT STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. 70 CITY-ST-7P TILE ☐ Delete TTTE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP mF ☐ Deleta TTD F ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE Change Addition HAME HALLE STREET ADDRESS 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 609, Florida Statutes.

3-16-08

FILED