2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 07, 2007 8:00 am
Secretary of State

04-18-2007 90035 032 ****55.00

30007161

04132007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000014764

1. Entity Name
EPS INTERNATIONAL LLC

Principal Place of Business	Mailing Address
16235 SW 107 AV MIAMI, FL 33157	16235 SW 107 AV MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
973 NW. 132 Ave.	973 NW. 132 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: Miami FL.
Zip: 33182 Country: USA.	Zip: 33182 Country: USA.

4. FEI Number: 20-8493055. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAVO, ARNULFO T
16235 SW 107 AV
MIAMI, FL 33157

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAVO, ARNULFO T 16235 SW 107 AV MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: