

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000044293

1. Entity Name
MOG INTERNATIONAL LLC



Principal Place of Business
2901 SW 3RD AVENUE SUITE 1-B
FT. LAUDERDALE, FL 33315

Mailing Address
2901 SW 3RD AVENUE SUITE 1-B
FT. LAUDERDALE, FL 33315

2. Principal Place of Business - No P.O. Box #

Same as above

3. Mailing Address

13659 Chatsworth Village Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellington, Florida

Zip

Country

Zip

Country

33414

USA

05202007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4820876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ, JOEL
7955 NW 12TH STREET SUITE 400
MIAMI, FL 33126

Name

Same as #6

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

9/13/2007

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ORTIZ, JOEL
STREET ADDRESS 2901 SW 3RD AVENUE SUITE 1-B
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800109765549
CITY-ST-ZIP 09/21/07--01044--017 **50.00

TITLE MGRM ☐ Delete
NAME MOLINA, JUAN
STREET ADDRESS 2901 SW 3RD AVENUE SUITE 1-B
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

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

TITLE MGRM ☐ Delete
NAME GOMEZ GALVEZ, GUSTAVO A
STREET ADDRESS 2901 SW 3RD AVENUE SUITE 1-B
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

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

Date

Daytime Phone #

9/13/07 (561)635-5364

FILED
07 SEP 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

