

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90071 034 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000071913

1. Entity Name
**EXPRESS PARCEL SERVICE INTERNATIONAL (EPS),
LLC**



00044741

Principal Place of Business
**2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FL 33134**

Mailing Address
**2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FL 33134**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

06-1796594

Not Applicable

Zip

Country

Zip

Country

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

**RODON-ALVAREZ, MARY LOU
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES, FL 33134**

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
**MGRM
MENICUCCI, ANGELO
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MENICUCCI, DINO
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MENICUCCI, RAFAEL
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MENICUCCI, LUIS REYNALDO
2222 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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: Angelo Menicucci

MGRM

4-27-07

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

Date

Daytime Phone #