2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28

FILED
Jun 10, 2008 8:00 am
Secretary of State

04-28-2008 90047 033 ***138.75

DOCUMENT # L06000074488

1. Entity Name
SP INTERNATIONAL INVESTMENT LLC

Principal Place of Business	Mailing Address
17050 N. BAY ROAD APT. 904 SUNNY ISLES BEACH, FL 33160	17050 N. BAY ROAD APT. 904 SUNNY ISLES BEACH, FL 33160

30009123

04242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3363 NE 163 ST.		3363 NE 163 St.	
Suite, Apt #, etc. 809		Suite, Apt. #, etc. 809	
City & State NORTH MIAMI BEACH		City & State NORTH MIAMI BEACH	
Zip 33160	Country US	Zip 33160	Country US

4. FEI Number ~~APPLIED FOR~~ 26-0890954 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIRO, CLAUDIO
17050 N. BAY ROAD
APT. 904
SUNNY ISLES BEACH, FL 33160

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NIRO, CLAUDIO		NAME		
STREET ADDRESS	17050 N. BAY ROAD, APT. 904		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] CLAUDIO NIRO 4-23-08 786-274-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #