

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088115

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL GROUP MANAGEMENT, LLC

**Current Principal Place of Business:**

16401 SAPPHIRE BEND  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

16401 SAPPHIRE BEND  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 20-5951626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TANESHA, SEWELL  
7457 NW 34TH STREET  
LAUDERHILL, FL 33319      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: TASHELLE, SEWELL K  
Address: 4131 NW 79TH AVENUE  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR      ( ) Delete  
Name: SEWELL, ORION C  
Address: 16401 SAPPHIRE BEND  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM      ( ) Delete  
Name: MONTIQUE, JEAN M  
Address: 4131 NW 79TH AVENUE  
City-St-Zip: SUNRISE, FL 33351 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ORION SEWELL

MGR

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date