

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099687

FILED
Feb 06, 2009
Secretary of State

Entity Name: ZACARELLI INTERNATIONAL LLC

Current Principal Place of Business:

123 NORTH CONGRESS AVENUE
399
BOYNTON BEACH, FL 334264209

Current Mailing Address:

123 NORTH CONGRESS AVENUE
399
BOYNTON BEACH, FL 334264209

New Principal Place of Business:

123 NORTH CONGRESS AVENUE
399
BOYNTON BEACH, FL 33426

New Mailing Address:

123 NORTH CONGRESS AVENUE
399
BOYNTON BEACH, FL 33426

FEI Number: 20-5740843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISCOUNT, MICHAEL ESQ
C/O FOX ROTHSCHILD, LLP
ESPERANTE BLDG, 222 LAKEVIEW AVE, STE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ZACARELLI, NESTOR
123 N CONGRESS AVE.
399
BOYNTON BEACH, FL 33426 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: NESTOR ZACARELLI

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZACARELLI, NESTOR
Address: 123 NORTH CONGRESS AVENUE # 399
City-St-Zip: BOYNTON BEACH, FL 334264209

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZACARELLI, NESTOR
Address: 123 NORTH CONGRESS AVENUE # 399
City-St-Zip: BOYNTON BEACH, FL 33426

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: NESTOR ZACARELLI

MGRM

02/06/2009

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