2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101440

1. Entity Name

ERJÁ PLACEMENT INTERNATIONAL, LLC



FILED Mar 24, 2008 08:00 All Secretary of State

Principal Place of Business

10131 FOREST HILL BLVD., SUITE 100-A WELLINGTON, FL 33414

Mailing Address

10131 FOREST HILL BLVD., SUITE 100-A WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5783779 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARULL, ELIZABETH 10131 FOREST HILL BLVD., SUITE 100-A WELLINGTON, FL 33414

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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

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

9.	MANAGING MEMBERS/MANAGERS
	,
TITLE	MGR
NAME	MARULL, ELIZABETH
STREET ADDRESS	10131 FOREST HILL BLVD STE 100-A
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	MGR
NAME	GORRICETA, JURAM M
STREET ADDRESS	10131 FOREST HILL, BLVD STE 100-A
CITY-S1-21P	WELLINGTON, FL 33414
mu.	MGR
NAME	ESPULGAR, REBECCA B
STREET ADDRESS	10131 FOREST HILL BLVD STE 100-A
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	MGR
NAME	ZIELINSKI, ANNIE
STREET ADDRESS	10131 FORESTG HILL BLVD STE 100-A
CITY+ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
ITTLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/00

Daytime Phone #