

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

138.75

FILED

Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L06000109453

1. Entity Name
JETRO INTERNATIONAL INVESTMENT LLC



Principal Place of Business

**584 WOODGATE CIRCLE
SUNRISE, FL 33326**

Mailing Address

**584 WOODGATE CIRCLE
SUNRISE, FL 33326**



01132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0392894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TROCONIS, JOSE J
584 WOODGATE CIRCLE
SUNRISE, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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
03/27/08-80074-011 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TROCONIS S., JOSE J
STREET ADDRESS	584 WOODGATE CIRCLE
CITY- ST- ZIP	SUNRISE, FL 33326
TITLE	MGRM
NAME	TROCONIS S., ENRIQUE
STREET ADDRESS	584 WOODGATE CIRCLE
CITY- ST- ZIP	SUNRISE, FL 33326
TITLE	MGRM
NAME	SUCRE-TROCONIS, LEONOR
STREET ADDRESS	584 WOODGATE CIRCLE
CITY- ST- ZIP	SUNRISE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

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

1/14/08

956675635

Date

Daytime Phone #