

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116537

FILED
Jan 15, 2009
Secretary of State

Entity Name: ORKIL INTERNATIONAL, LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD, 4TH FLOOR
AVENTURA, FL 33180

New Principal Place of Business:

20801 BISCAYNE BLVD
403
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD, 4TH FLOOR
AVENTURA, FL 33180

New Mailing Address:

20801 BISCAYNE BLVD.
403
AVENTURA, FL 33180

FEI Number: 20-8062933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERKIN, STEWART A
444 BRICKELL AVENUE, STE 300
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: MISHKIN CHLIMPER, SAUL
Address: 20801 BISCAYNE BLVD, 4TH FLOOR
City-St-Zip: AVENTURA, FL 33180

Title: AMGR () Delete
Name: NEUMAN, ALEX
Address: 20801 BISCAYNE BLVD., 4TH FLOOR
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MISHKIN CHLIMPER, SAUL
Address: 20801 BISCAYNE BLVD, SUITE 403
City-St-Zip: AVENTURA, FL 33180

Title: AMGR (X) Change () Addition
Name: NEUMAN, ALEX
Address: 20801 BISCAYNE BLVD., SUITE 403
City-St-Zip: AVENTURA, FL 33180

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: SAUL MISHKIN

MGR

01/15/2009

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