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Aug 03, 2007 8:00 am
Secretary of State

03-07-2007 90218 047 ****50.00
08-03-2007 90031 039 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/7/

DOCUMENT # L06000121343

1. Entity Name
SEATILE INTERNATIONAL, LLC

60054107

Principal Place of Business	Mailing Address
VIA JORI 52 BAGGIOVARA 41100 MODENA ITALY,	VIA JORI 52 BAGGIOVARA 41100 MODENA ITALY,

02222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
360 COLLINS AVE.		c/o B. GOLDENBERG	
Suite, Apt. #, etc. #402		Suite, Apt. #, etc. 19495 BISC. BLVD, #705	
City & State MIAMI BEACH, FL		City & State AVENTURA, FL	
Zip 33139	Country U.S.A.	Zip 33180	Country U.S.A.

4. FEI Number 98-0518415 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS G SHERMAN ESQ PA 90 ALMERIA AVE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTUZZI, CRISTINA VIA JORI 52 BAGGIOVARA 41100 MODENA ITALY,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAUDI, MARCO VIA JORI 52 BAGGIOVARA 41100 MODENA ITALY,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________________ 02/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #