

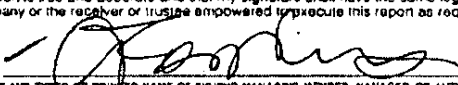
FILED
Aug 03, 2007 8:00 am
Secretary of State

03-07-2007 90218 047 ****50.00

08-03-2007 90031 039 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/7/7

DOCUMENT # L06000121343			
1. Entity Name SEATILE INTERNATIONAL, LLC			
Principal Place of Business VIA JORI 52 BAGGIOVARA 41100 MODENA ITALY,		Mailing Address VIA JORI 52 BAGGIOVARA 41100 MODENA ITALY,	
2. Principal Place of Business - No P.O. Box # 360 COLLINS AVE. Subs. Apt. #, etc. #402		3. Mailing Address 90 B. GOLDENBERG Subs. Apt. #, etc. 19495 BISC. BLVD, #705	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139		Zip 33180	
Country U.S.A.		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 THOMAS G SHERMAN ESQ PA 90 ALMERIA AVE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)			
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 606, Florida Statutes.			
SIGNATURE: 		02/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	