

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008048

FILED
Apr 14, 2009
Secretary of State

Entity Name: LIAISON INTERNATIONAL LLC

Current Principal Place of Business:

2677 NW 79TH AVENUE
MIAMI, FL 33122

New Principal Place of Business:

1410 20TH STREET
215
MIAMI BEACH, FL 33139

Current Mailing Address:

2677 NW 79TH AVENUE
MIAMI, FL 33122

New Mailing Address:

1410 20TH STREET
215
MIAMI BEACH, FL 33139

FEI Number: 77-0673612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAO, FEDERICO
2677 NW 79TH AVENUE
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

DAO, FEDERICO
16392 SW 86 COURT
MIAMI, FL 33157 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TEALE, ALAN J
Address: 2677 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

Title: MGRM () Delete
Name: TEALE, MARIA D
Address: 2677 NW 79TH AVENUE
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TEALE, ALAN J
Address: 7027 SW 148 TERRACE
City-St-Zip: MIAMI, FL 33158 US

Title: MGRM (X) Change () Addition
Name: TEALE, MARIA D
Address: 7027 SW 148 TERRACE
City-St-Zip: MIAMI, FL 33158 US

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: ALAN JAMES TEALE

MGRM

04/14/2009

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