


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2008 8:00 am
Secretary of State

06-18-2008 90070 013 ***538.75

DOCUMENT # L07000018846

1. Entity Name
 TOSI INTERNATIONAL LLC



Principal Place of Business
 7600 COLLINS AVE APT 909
 MIAMI BEACH, FL 33141

Mailing Address
 7600 COLLINS AVE APT 909
 MIAMI BEACH, FL 33141

50007208



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
753232069 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 A1A REGISTERED AGENT INC
 5647 110TH AVE. NORTH
 ROYAL PALM BEACH, FL 33411-0000

7. Name and Address of New Registered Agent
 Name
 GIOVANNI TOSI
 Street Address (P.O. Box Number is Not Acceptable)
 7600 Collins Ave, Apt 909
 City
 Miami Beach, FL Zip Code
 33141

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: Giovanni Tosi GIOVANNI TOSI 06/09/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOSI, GIOVANNI 7600 COLLINS AVE APT 909 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Giovanni Tosi GIOVANNI TOSI, MGRM 06/09/08
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #