

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90228 012 \*\*\*138.75

**DOCUMENT # L07000029628**

1. Entity Name  
**ELEMENTS INTERNATIONAL L.L.C.**



Principal Place of Business  
**2421 LAKE PANCOAST DR., #6B  
MIAMI BEACH, FL 33140**

Mailing Address  
**2421 LAKE PANCOAST DR., #6B  
MIAMI BEACH, FL 33140**

**60022662**

2. Principal Place of Business, No P.O. Box #  
**900 West Avenue**

3. Mailing Address  
**900 West Avenue**

Suite, Apt. #, etc. **# 331**



04082008 Chg-LLC CR2E083 (12/06)

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach**

Zip  
**33139**

Country  
**U.S.A.**

4. FEI Number  
**77-0688019**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD, SUITE 101  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **Gregory Daggett**

Street Address (P.O. Box Number is Not Acceptable)  
**4310 N. Miami Ave #3**

City **Miami** FL Zip Code **33127**

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 **Gregory Daggett** DATE **4-9-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGGETT, PETER 3101 PUENTE ST FULLERTON, CA 92835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGGETT, GREGORY K 3101 PUENTE ST FULLERTON, CA 92835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gregory Daggett** DATE **4-9-08** DAYTIME PHONE **305-458-4716**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE