

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 APR -4 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000032524

1. Entity Name
MANZI INTERNATIONAL LLC



Principal Place of Business
C/O PLM
201 SOUTH BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

Mailing Address
C/O PLM
201 SOUTH BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

800122240618
04/04/08--01008--004 **143.75



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number

N/A

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

CORPORATION COMPANY OF MIAMI
C/O PLM
201 SOUTH BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

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 reissuing)

DATE

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
MGR
MANZI, CARLOS A
STREET ADDRESS
201 SOUTH BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP
MIAMI, FL 33131

TITLE
NAME
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☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: X

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

Date

Daytime Phone #

2/28/08