

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2008 90225 043 \*\*\*138.75

**DOCUMENT # L07000055194**

1. Entity Name  
**INTERNATIONAL POLICY MANAGEMENT AND  
MARKETING LLC**



Principal Place of Business  
**1016 COLLIER CENTER WAY, STE 100  
NAPLES, FL 34110**

Mailing Address  
**1016 COLLIER CENTER WAY, STE 100  
NAPLES, FL 34110**

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

04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**26-0251084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, R. LAKEN  
4453 BRYNWOOD DRIVE  
NAPLES, FL 34109**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE MGR ☐ Delete  
NAME MITCHELL, R. LAKEN  
STREET ADDRESS 1016 COLLIER CENTER WAY, STE 100  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGR ☒ Delete  
NAME WALTER, ANDREW  
STREET ADDRESS 1016 COLLIER CENTER WAY, STE 100  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGR ☒ Delete  
NAME VICKERS, GRANT  
STREET ADDRESS 1016 COLLIER CENTER WAY, STE 100  
CITY-ST-ZIP NAPLES, FL 34110

TITLE MGR ☐ Delete  
NAME White, Robert D.  
STREET ADDRESS 1016 Collier Center Way #100  
CITY-ST-ZIP Naples FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

**4/11/08**

**239-597-0128**