2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State 05-05-2008 90038 030 ***138.75

1. Entity Nam	MEN # LU/UUUU/6 NTERNATIONAL, LLC	6034		03-03-2008 90038 030 ***138.73	
Principal Place of Business		Mailing Address			
9092 NW S. RIVER DRIVE UNIT 39 MEDLEY, FL 33166		9092 NW S. RIVER DRIVE UNIT 39 MEDLEY, FL 33166		60039171	(88)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 26 - 0589405 Applied Not Appl	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additions Fee Required	al _.
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
ESTRADA, OSCAR A 9092 NW S. RIVER DRIVE UNIT 39 MEDLEY, FL 33166				(P.O. Box Number is Not Acceptable)	
		City		FL Zip Code	
8. The above the obligat SIGNATURE	named entity submits this standment for ions of registered agent.	a/	registered office or regist	istered agent, or both, in the State of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with, and a part of the state of Florida. I am familiar with a part of the state of Florida. I am familiar with a part of the state of Florida. I am familiar with a part of the state of Florida. I am familiar with a part of the state of Florida. I am familiar with a part of the state of Florida. I am familiar with a part of the state	accept
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no			
9.	MANAGING MEMBE	ERS/MANAGERS	10.	ADDITIONS/CHANGES	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTRADA, OSCAR A 9805 NW 52 STREET, NO. 311 DORAL, OE 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSE, ESCOBAR F 4831 NW 107 COURT DORAL, FL 33178	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defele	TITLE NAME STREET ADDRESS CITY - ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	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 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 epipowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNAT	URE: X SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MAN	NAGER, OR AUTHORIZED REPRE	0 4 30 2008 RESENTATIVE Date Daytime Phone #	