

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084402

FILED
May 01, 2009
Secretary of State

Entity Name: INTERWORLD ENTERPRISES, LLC

Current Principal Place of Business:

2315 NW 107TH AVE
WH 1A 16 BOX 133
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2315 NW 107TH AVE
WH 1A 16 BOX 133
DORAL, FL 33172

New Mailing Address:

FEI Number: 26-0757331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBOSA, JULIO C ESQ.
800 DOUGLAS RD
SUITE 105
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BARBOSA, JULIO C ESQ.
ABADIN COOK-9155 S. DADELAND BLVD., #1208
MIAMI, FL 33156 US

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.

SIGNATURE: JULIO C. BARBOSA, ESQ.

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE SOUZA, NATANAEL S
Address: R. SAO FRANCISCO, 153
City-St-Zip: FLORIANOPOLIS, SC 88015-040 BR

Title: MGRM () Delete
Name: DE SOUZA, MARA M
Address: R. SAO FRANCISCO, 153
City-St-Zip: FLORIANOPOLIS, SC 88015-040 BR

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIO C. BARBOSA, ESQ.

RA

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date