

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084779

FILED
Sep 04, 2008
Secretary of State

Entity Name: PHOENIX INTERNATIONAL ENTERPRISES, LLC

Current Principal Place of Business:

4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417

New Mailing Address:

4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417 US

FEI Number: 26-1366630 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:

DAVID, VALVERDE
4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

VALVERDE, DAVID A
4644 LAKESIDE CIRCLE
WEST PALM BEACH, FL 33417 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: DAVID VALVERDE

09/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVID, VALVERDE A
Address: 4644 LAKESIDE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGR () Delete
Name: TEOBALDO, VALVERDE T
Address: 4644 LAKESIDE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MR (X) Delete
Name: NELLY, VALVERDE V
Address: 4644 LAKESIDE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES:

Title: MGRD (X) Change () Addition
Name: VALVERDE, DAVID A
Address: 4644 LAKESIDE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: MGRD (X) Change () Addition
Name: VALVERDE, TEOBALDO T
Address: 4644 LAKESIDE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

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: DAVID VALVERDE

MGRD

09/04/2008

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