2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L07000097674

Entity Name: SANDAL-FLIP INTERNATIONAL LLC

Current Principal Place of Business:

1660 JEWEL BOX AVENUE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1660 JEWEL BOX AVENUE
NAPLES, FL 34102

New Mailing Address:

FEI Number: 26-1115921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CANTONI, ELSA
Address: 1660 JEWEL BOX AVENUE
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: VAN VELDHOVEN, JACKY
Address: 1660 JEWEL BOX AVENUE
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: THEISS, EDDA
Address: 1660 JEWEL BOX AVENUE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: THEISS, EDDA
Address: 1630 CHESAPEAK AVE
City-St-Zip: NAPLES, FL 34102

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: JACKY VAN VELDHOVEN MGRM 01/07/2008

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