

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90233 026 ***138.75

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| DOCUMENT # L07000112725 1. Entity Name TECHNOLOGY INNOVATIONS INTERNATIONAL LLC | | | |  | |
| Principal Place of Business 2901 STIRLING ROAD, SUITE 7 FORT LAUDERDALE, FL 33312 | | | Mailing Address 2901 STIRLING ROAD, SUITE 7 FORT LAUDERDALE, FL 33312 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. SUITE 307 | | Suite, Apt. #, etc. SUITE 307 | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 26-1377133 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SAMUELS, HARRY M 2901 STIRLING ROAD, SUITE 7 FORT LAUDERDALE, FL 33312 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUITE 307 City FL Zip Code | | |
| 8. The above named entity admits 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  DATE 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAMUELS, HARRY M 2901 STIRLING ROAD, SUITE 7 FORT LAUDERDALE, FL 33312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 STIRLING RD - SUITE 307 FT LAUDERDALE, FL 33312 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE 4/1/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

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