

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112725

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** TECHNOLOGY INNOVATIONS INTERNATIONAL LLC

**Current Principal Place of Business:**

2901 STIRLING ROAD, SUITE 307  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

2901 STIRLING ROAD  
307  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2901 STIRLING ROAD, SUITE 307  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

2901 STIRLING ROAD  
307  
FT LAUDERDALE, FL 33312

**FEI Number:** 26-1377133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMUELS, HARRY M  
2901 STIRLING ROAD, SUITE 307  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

SAMUELS, HARRY M  
2901 STIRLING ROAD  
307  
FT LAUDERDALE, FL 33312 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:** HARRY M SAMUELS

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SAMUELS, HARRY M  
**Address:** 2901STIRLING RD STE 307  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

**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:** HARRY M SAMUELS

RA

02/27/2009

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