2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000119047

Entity Name: L & L BINA INTERNATIONAL, LLC

Current Principal Place of Business:

20463 NW 11TH AVE.
MIAMI GARDENS, FL 33169

New Principal Place of Business:

20463 NW 11TH AVE.
LV1
MIAMI GARDENS, FL 33169

Current Mailing Address:

P.O. BOX 54-1095
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

LAWRENCE, PATRINA
20463 NW 11TH AVE.
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

LAWRENCE, PATRINA
20463 NW 11TH AVE.
LV1
MIAMI GARDENS, FL 33169 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: PATRINA LAWRENCE 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: FMGR ( ) Delete
Name: LAWRENCE, VELONA
Address: P.O. BOX 54-1095
City-St-Zip: OPA LOCKA, FL 33054

Title: PMGR ( ) Delete
Name: LECONTE, DEVANTE
Address: P.O. BOX 54-1095
City-St-Zip: OPA LOCKA, FL 33054

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: VELONA LAWRENCE FMGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date