

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004929

FILED
Apr 30, 2009
Secretary of State

Entity Name: INTERMED ENTERPRISES, LLC

Current Principal Place of Business:

C/O STATE CAPITAL USA
777 BRICKELL AVENUE, SUITE 1150
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O STATE CAPITAL USA
777 BRICKELL AVENUE, SUITE 1150
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-1756272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: LONGOBARDI, LUCA A
Address: C/O STATE CAPITAL USA
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: VISCONTI, LEOPOLDO
Address: C/O STATE CAPITAL USA
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LONGOBARDI, LUCA A
Address: 777 BRICKELL AVE SUITE 1150
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change () Addition
Name: VISCONTI, LEOPOLDO
Address: 777 BRICKELL AVE SUITE 1150
City-St-Zip: MIAMI, FL 33131

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: LEOPOLDO VISCONTI MGR 04/30/2009

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