

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000063770

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

**Entity Name:** VELMONT INTERNATIONAL GROUP, LLC

**Current Principal Place of Business:**

226 RIVERWALK CIRCLE  
SUNRISE, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

226 RIVERWALK CIRCLE  
SUNRISE, FL 33326 US

**New Mailing Address:**

**FEI Number:** 26-2908630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVAS ENTERPRISE, INC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 US

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

SILVAS FINANCIAL SERVICES, L.L.C.  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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:** MARTIN AZAMBUYA

04/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STEINMANDER, MILAGROS D  
**Address:** 226 RIVERWALK CIRCLE  
**City-St-Zip:** SUNRISE, FL 33326 US

**Title:** MGRM  
**Name:** STEINMANDER, ADRIAN  
**Address:** 226 RIVERWALK CIRCLE  
**City-St-Zip:** SUNRISE, FL 33326 US

**Title:** MGRM  
**Name:** VELASQUEZ, JOSE A  
**Address:** 226 RIVERWALK CIRCLE  
**City-St-Zip:** SUNRISE, FL 33326 US

**Title:** MGRM  
**Name:** MONTANO, SIMON  
**Address:** 226 RIVERWALK CIRCLE  
**City-St-Zip:** SUNRISE, FL 33326 US

I hereby 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:** MILAGROS STEINMANDER

MGMR

04/10/2010

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