

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085779

FILED
Feb 10, 2009
Secretary of State

Entity Name: LEMOS GROUP INTERNATIONAL, LLC

Current Principal Place of Business:

2230 S. MCCALL ROAD
ENGLEWOOD, FL, 34224

New Principal Place of Business:

4816 TAMARACK TRAIL
VENICE, FL 34293

Current Mailing Address:

2230 S. MCCALL ROAD
ENGLEWOOD, FL, 34224

New Mailing Address:

4816 TAMARACK TRAIL
VENICE, FL 34293

FEI Number: 26-3338599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON OERTZEN, ELKE
4816 TAMARACK TRAIL
VENICE, FL 34293 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: MGR () Delete
Name: VON OERTZEN, ELKE
Address: 4816 TAMARACK TRAIL
City-St-Zip: VENICE, FL 34293

Title: MGR () Delete
Name: STUEWE, MARGARETE
Address: 3840 SESAME STREET
City-St-Zip: NORTH PORT, FL 34287

Title: MGR () Delete
Name: STUEWE, LARS
Address: 3840 SESAME STREET
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELKE VON OERTZEN

MGR

02/10/2009

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