

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005813

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** FINNERNS INTERNATIONAL LLC

**Current Principal Place of Business:**

3901 NW 79 AVE  
# 107  
MIAMI, 33166

**New Principal Place of Business:**

10242 NW 44TH TERRACE  
DORAL, FL 33178 US

**Current Mailing Address:**

10242 NW 44TH TERRACE  
DORAL, FL 33178

**New Mailing Address:**

10242 NW 44 TERRACE  
DORAL, FL 33178 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FINNERN, ALIX Y  
3901 NW 79 AVE  
# 107  
MIAMI, FL 33166 US

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

FINNERN, ALIX Y  
10242 NW 44TH TERRACE  
DORAL, FL 33178 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: ALIX FINNERN

02/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FINNERN, ALIX Y  
Address: 10242 NW 44TH TERRACE  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: FINNERN, CHRISTIAN  
Address: 10242 NW 44TH TERRACE  
City-St-Zip: DORAL, FL 33178

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: ALIX FINNERN

MGRM

02/19/2011

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