

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087852

Entity Name: ITSME86ONCEMORE, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

999 BRICKELL AVENUE, SUITE 820  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

999 BRICKELL AVENUE, SUITE 820  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPAG REGISTERED AGENTS (USA) INC.  
999 BRICKELL AVENUE, SUITE 820  
MIAMI, FL 33131 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  
Name: WALFENZAO, CATHY  
Address: 999 BRICKELL AVENUE, SUITE 820  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: WALFENZAO, JAMES  
Address: 999 BRICKELL AVENUE, SUITE 820  
City-St-Zip: MIAMI, FL 33131

Title: MGRM  
Name: ITSME86, INC.  
Address: 10 MANOEL STREET  
City-St-Zip: CASTRIES, ST. LUCIA, XX

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: CATHY WALFENZAO

MGR

01/04/2012

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