

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000417

FILED
Apr 09, 2009
Secretary of State

Entity Name: ITALASWEDE INTERNATIONAL, L.C.

Current Principal Place of Business:

840 N. ORLANDO AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4488
WINTER PARK, FL 327934488

New Mailing Address:

FEI Number: 59-3252152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MARIA, FRANK
7549 LODGE DOLE TRL
WINTER PARK, FL 327929054 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: NICASTRO, GIACOMO
Address: ORMBERG SVAGEN 10
City-St-Zip: 117 67 STOCKHOLM, SWEDEN,

Title: MGRM () Delete
Name: NICASTRO, SALVATORE
Address: ORMBERG SVAGEN 10
City-St-Zip: 117 67 STOCKHOLM, SWEDEN,

Title: MGRM () Delete
Name: NICASTRO, ANITA H
Address: ORMBERG SVAGEN 10
City-St-Zip: 117 67 STOCKHOLM, SWEDEN,

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: FRANK DE MARIA

MGR

04/09/2009

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