

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000922

1. Entity Name
LAWRENSON INTERNATIONAL LC



Principal Place of Business
1333 N DUVAL ST.
TALLAHASSEE, FL 32302

Mailing Address
1333 N DUVAL ST.
TALLAHASSEE, FL 32302

2. Principal Place of Business
Crystal Offices

Suite, Apt. #, etc.

OT Center

City & State

Victoria, Mahe

Zip

Country

Seychelles

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 N DUVAL ST.
TALLAHASSEE, FL 32302

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KENSINGTON MANAGEMENT LIMITED
CRYSTAL OFFICE, OT CENTRE
VICTORIA, SEYCHELLES, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200032083842
04/07/04--01015--003 **1200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Janet M. Caruccio
Auth. rep.

3-22-04

302-421-5750

FILED
2004 MAR 25 PM 12:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

