DOCUMENT # L9900001731  1. Entity Name				00 MAR 30 PM 12: 32
ML INTER	RNATIONAL, LLC	1		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 7458 N. TAMIAMI TRAIL SARASOTA FL 34243		Mailing Address P.O. BOX 5917 SARASOTA FL 34277-59	17	MELANASSEE, FLORIDA:
2. Principal Place of Business		3. Mailing Address		T REGION'S DIE 18140 (BIA) ERAN BONN BONN BONN BONN HORD THEN LIBER (MAI AND THEN
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
CORRY, MARTIN C 7458 N. TAMIAMI TRAIL SARASOTA FL 34243				ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	Signature, typed or printed name of registered a	FILE N Make Check P	IOW!!! FEE IS \$50.0 ayable to Department	t of State
9.	MANAGING ME	MBERS/MEMBERS  Delete	10.	ADDITIONS/CHANGES  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRY, MARTIN C P. O. BOX 5917 SARASOTA FL 34277	( Juliana)	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE RAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	NAME STREET ADDRESS CITY-ST-ZIP	Change   Addition   5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	******50.00 本青電話。0.6 Gladition
TITLE NAME STREET ADDRESS CITY-ST-21P		☐ Deleta	TITLE NAME STREET ADDRESS CITY-27-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ctrange Addition
TITLE J.  NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Ctrange Addition
11. I hereby	certify that the information supplied on this report is true and accurate	with this filing does not qualify f and that my signature shall have	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the

limited liability company or the receiver or

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-27-00 (941) 355 9324