

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90051 027 \*\*\*\*50.00

**DOCUMENT # L99000001731**

1. Entity Name  
**ML INTERNATIONAL, LLC**



Principal Place of Business  
**7083 SADDLE CREEK LN  
SARASOTA, FL 34241**

Mailing Address  
**P.O. BOX 5917  
SARASOTA, FL 34277**



07092004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number **59-3570979** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORRY, MARTIN C**  
~~7458 N. TAMiami TRAIL~~ **7083 Saddle Creek Lane**  
**SARASOTA, FL 34241**  
~~34277~~ **Sarasota, FL 34241**

**DO NOT WRITE  
IN THIS SPACE**

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

*Martini Corry*

(NOTE: Registered Agent signature required when reappointing)

**7/9/04**

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORRY, MARTIN C P. O. BOX 5917 SARASOTA, FL 34277
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Martini Corry*

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

Date

Daytime Phone #

**7/9/04**