2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007216

Entity Name: SANIGLAZE INTERNATIONAL, LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4526 LENOX AVE.

JACKSONVILLE, FL 32205 US

Current Mailing Address: New Mailing Address:

P.O. BOX 37209

JACKSONVILLE, FL 32236 US

FEI Number: 59-3635047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROSENBLOOM, PERCY III 1847 WOODMERE DR.

JACKSONVILLE, FL 32210 US

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: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 ROSENBLOOM, PERCY III
 Name:

 Address:
 4526 LENOX AVE.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205 US
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MITCHELL, JOEL I
 Name:

 Address:
 4526 LENOX AVE.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205 US
 City-St-Zip:

Title: MGR () Delete Title: CFO (X) Change () Addition

Name:BARNES, JOSIAHName:PROCTOR, WILLIAM SAddress:4526 LENOX AVE.Address:4526 LENOX AVE.

City-St-Zip: JACKSONVILLE, FL 32205 US City-St-Zip: JACKSONVILLE, FL 32205 US

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: WILLIAM S. PROCTOR CFO 01/16/2009