

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005489

FILED
Apr 30, 2009
Secretary of State

Entity Name: OZONE INTERNATIONAL, LLC

Current Principal Place of Business:

12685 MILLER ROAD NE, STE. 1300
BAINBRIDGE ISLAND, WA 98110

New Principal Place of Business:

Current Mailing Address:

12685 MILLER ROAD NE, STE. 1300
BAINBRIDGE ISLAND, WA 98110

New Mailing Address:

FEI Number: 91-2182272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELK, LARRY
5601 NE 4TH PLACE
OCALA, FL 34470 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: MGR () Delete
Name: BRANDT, JAMES
Address: 12685 MILLER ROAD NE, STE. 1300
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: MGR () Delete
Name: FRAZEE, GERALD
Address: 12685 MILLER ROAD NE, STE. 1300
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

Title: MGR () Delete
Name: DEVENING, R. RANDY
Address: 12685 MILLER ROAD NE, STE. 1300
City-St-Zip: BAINBRIDGE ISLAND, WA 98110

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: JAMES BRANDT

MGR

04/30/2009

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