

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004445

FILED
Jun 24, 2009
Secretary of State

Entity Name: FUEL FIRST INTERNATIONAL LLC

Current Principal Place of Business:

1255 NORTH FLAGLER DRIVE, STE 201
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

537 NE 15TH AVENUE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

1255 NORTH FLAGLER DRIVE, STE 201
FORT LAUDERDALE, FL 33304

New Mailing Address:

537 NE 15TH AVENUE
FORT LAUDERDALE, FL 33301

FEI Number: 26-3324602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANZA, SALVATORE
1255 NORTH FLAGLER DRIVE, STE 201
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

TOCCI, MATTHEW
537 NE 15TH AVENUE
FORT LAUDERDALE, FL 33301 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: MATTHEW TOCCI

06/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOCCI, MATTHEW S
Address: 1255 NORTH FLAGLER DRIVE, STE 201
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR () Delete
Name: LANZA, SALVATORE
Address: 1255 NORTH FLAGLER DRIVE, STE 201
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

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: MATTHEW TOCCI

MGRM

06/24/2009

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