

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000123013

FILED
Nov 12, 2009
Secretary of State**Entity Name:** HEMISPHERE INTERNATIONAL, LLC**Current Principal Place of Business:**27911 CROWN LAKE BLVD
BONITA SPRINGS, FL 34135 US**New Principal Place of Business:**386 BURNT PINE DRIVE
NAPLES, FL 34119 US**Current Mailing Address:**27911 CROWN LAKE BLVD
BONITA SPRINGS, FL 34135 US**New Mailing Address:**386 BURNT PINE DRIVE
NAPLES, FL 34119 US**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SKELTON, DONALD H
27911 CROWN LAKE BLVD.
BONITA SPRINGS, FL 34135 US**Name and Address of New Registered Agent:**LACAVITA, MARA
386 BURNT PINE DRIVE
NAPLES, FL 34119 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: MARA LACAVITA

11/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: SKELTON, DONALD
Address: 27911 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135 USTitle: MGRM () Delete
Name: LACIVITA, MARA
Address: 386 BURNT PINE DRIVE
City-St-Zip: NAPLES, FL 34119 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: LACIVITA, MARA
Address: 386 BURNT PINE DRIVE
City-St-Zip: NAPLES, 3 34119 USTitle: () 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: MARA LACAVITA

MGR

11/12/2009

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