

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT #L02000002261

1. Entity Name
SAUMANE (USA) INTERNATIONAL, LLC



Principal Place of Business

18116 SW 29 ST.
MIRAMAR, FL 33029

Mailing Address

18116 SW 29 ST.
MIRAMAR, FL 33029

DO NOT WRITE IN THIS SPACE



06222007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0622454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTASH, RICHARD J
300 N.W. 82ND AVENUE, SUITE 415
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

U00000766841

07/03/07-80003-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARCIA, DOMINGO
18116 SW 29 STREET
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GARCIA, MARIA C.Q.
18116 SW 29 STREET
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #