

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001033

**Entity Name:** LINSTOL USA, LLC**Current Principal Place of Business:**3845 BECK BLVD., SUITE 821  
NAPLES, FL 34114-1216**Current Mailing Address:**3845 BECK BLVD., SUITE 821  
NAPLES, FL 34114-1216**FEI Number:** 20-2094508**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 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**Authorized Person(s) Detail :**

Title	MGRM
Name	BEK, OLE CEO
Address	3845 BECK BLVD., SUITE 821
City-State-Zip:	NAPLES FL 34114-1216

Title	MGRM
Name	WOOLHOUSE, PETER COFB
Address	3845 BECK BLVD., SUITE 821
City-State-Zip:	NAPLES FL 34114-1216

Title	VP
Name	RUSSELL, MARK
Address	3845 BECK BLVD., SUITE 821
City-State-Zip:	NAPLES FL 34114-1216

Title	CFO
Name	PEAT, KEVIN
Address	BEECH HOUSE - WEST WING, ANCELLS ROAD
City-State-Zip:	FLEET, HAMPSHIRE GU51 2 UN

Title	CHAIRMAN
Name	PETER, THOSTRUP
Address	3845 BECK BLVD., SUITE 821
City-State-Zip:	NAPLES FL 34114-1216

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN PEAT

CFO

01/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date