FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90060 018 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006505

1. Entity Name
TAIGA INTERNATIONAL, LLC

10102483

Principal Place of Business	Mailing Address
4117 E. 98TH AVENUE TAMPA, FL 33617	4117 E. 98TH AVENUE TAMPA, FL 33617

2. Principal Place of Business	3. Mailing Address
9101 Cypresswood Cir	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc. as a New adress
City & State: TAMPA FL	City & State
Zip: 33647 Country: Hillsborough	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3655362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KONISHI, YOKO 4117 E. 98TH AVENUE TAMPA, FL 33617	Name: Same Street Address (P.O. Box Number is Not Acceptable): 9101 Cypresswood Cir. City: TAMPA, FL Zip Code: 33647-2429

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] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: KONISHI, YOKO MGR STREET ADDRESS: 4117 E. 98TH. AVE. CITY-ST-ZIP: TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 5/1/03 (813) 253-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #