## LOROUDDDARLel

(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Z	p/Phone #)		
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(Business Er	ntity Name)		
(Document Number)			
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SECRETARY OF STATE
TAIL AHASSEE, FLORID

D. BRUCE

JAN 1 6 2008

EXAMINER

## **COVER LETTER**

Division of Corporations		
SUBJECT: Saumane (USA) International, L (Name of Limite	LC d Liability Company)	
	,	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted	for filing.
Please return all correspondence concerning this management of the concerning the second return all correspondence concerning this management of the concerning the second return all correspondence concerning this management of the concerning the second return all correspondence concerning this management of the concerning the second return all correspondence concerning this management of the concerning the second return all correspondence return all correspo	natter to the following:	
Jacuranda Professional Pa	rk	
133 Mythuest 100 Ave	· <del></del>	08 JI SECR
		JAN 16 CRETAR CAHASS
(Address)		programa di
Plantatun F133	32 <u>4</u>	PH 2: L6
For further information concerning this matter, ple	ase call:	
Richard Potash at (4) (Name of Person)	(Area Code & Daytime To	) elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified C	Сору

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lin	mited liability company is:	Saumane (USA) International, LLC			
2. The mailing address	ss of the limited liability con	npany is : 18116 SW 29 Street Miran	nar ,FI 33	10 <b>1</b> 9	
01/30/2002		L02000002261			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the reg Florida Department	gistered agent and the registe of State:	ered office address as shown on the	records	of the	
·	Richard J Potash PA				
	300 NW 82 Ave Suite	Name 415	=		
		ddress	SEC	.80	Kon Diller
	Plantation, Fl. 33324	tate and Zin	$\rightarrow \infty$	JAN	,
6. The name and address of the new registered agent and/or office:		HASSE	6	Jan 20	
	Richard J Potash PA		OF STATE E. FLORIDA	PH 2	I I
	Na 133 NW 100 Ave.	ame	REA	2: 46	A SPECIAL
		(P.O. Box NOT acceptable)	A	O1	
	BI 1.11 El 20221	FL			
		ate and Zip	<del></del>		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreed	e change or changes are made of the registered agent will		registere lorida lin	ed offi nited	
Printed or typed name of sig		<del></del>			
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf	ppointment as registered age tions of all statutes relative to and accept the obligations to if this document is being fill irm that the limited liability	ent and agree to act in this capacity to the proper and complete perform of my position as registered agent t ed to merely reflect a change in the company has been notified in writi	). I furthe lance of t as provid register ng of this	er agr ny dui ed for ed offi chan	ee to lies, lin ice ge.
(Signature of Registered Age	nt)	<del></del>			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00