


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90018 031 ****50.00

DOCUMENT # L03000020025		
1. Entity Name LINHANYL USA, LIMITED COMPANY		

Principal Place of Business 6753 KINGSPONTE PARKWAY, UNIT 111 ORLANDO, FL 32819	Mailing Address 6753 KINGSPONTE PARKWAY, UNIT 111 ORLANDO, FL 32819
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20047670



2. Principal Place of Business <u>9680 BOGGY CREEK RD</u>	3. Mailing Address <u>9680 BOGGY CREEK RD</u>
Suite, Apt. #, etc. <u>UNIT #3</u>	Suite, Apt. #, etc. <u>UNIT #3</u>
City & State <u>ORLANDO FL</u>	City & State <u>ORLANDO FL</u>
Zip <u>32824</u> Country <u>USA</u>	Zip <u>32824</u> Country <u>USA</u>

02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0028220	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FARINA, GUILHERME
~~2305 LAKE DEBRA DRIVE, APT. 2935~~
~~ORLANDO, FL 32835~~

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)
7324 LISMORE COURT

City ORLANDO FL Zip Code 32835

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINHANYL S/A LINHAS PARA COSER 2087, 01427002- SAO PAULO SP, BRAZIL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINHANYL S/A LINHAS PARA COSER RUA ESTADOS UNIDOS, 2087 SAO PAULO, SP. 01427-002 BRAZIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUA ESTADOS UNIDOS 2087, 01427002- SAO PAULO SP, BRAZIL, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] **4/19/05 (407)240-8789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #