

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000054228 | |
| 1. Entity Name LAMADE USA, LLC | |
| Principal Place of Business 4301 SUNSET BEACH BLVD NICEVILLE, FL 32578 | Mailing Address 4301 SUNSET BEACH BLVD NICEVILLE, FL 32578 |



02252005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 20-0477744 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

PITELL, LISA Y
4 ELEVENTH AVENUE, SUITE ONE
SHALIMAR, FL 32579

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|------------------------|
| TITLE | MGRM |
| NAME | LAMADE, GERHARD |
| STREET ADDRESS | 4301 SUNSET BEACH BLVD |
| CITY - ST - ZIP | NICEVILLE, FL 32578 |

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04/06/05-80022-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #