

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000007567

FILED
Nov 29, 2006
Secretary of State

Entity Name: ALIMENTA TRADING-USA, LLC

Current Principal Place of Business:

3712 MIRAMONTES CIRCLE
WELLINGTON, FL 334148826 US

New Principal Place of Business:

Current Mailing Address:

3712 MIRAMONTES CIRCLE
WELLINGTON, FL 334148826

New Mailing Address:

FEI Number: 54-2143647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

GIACOMAZZO, ANNA M
3712 MIRAMONTES CIRCLE
WELLINGTON, FL 33414 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: ANNA M. GIACOMAZZO

11/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELISE, GIUSEPPE
Address: 3712 MIRAMONTES CIR
City-St-Zip: WELLINGTON, FL 334148826

Title: MGR () Delete
Name: GIACOMAZZO, ANNA M
Address: 3712 MIRAMONTES CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANNA M. GIACOMAZZO

MGRM

11/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date