

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-17-2005 90160 016 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

6/17/2

DOCUMENT # L04000044772																																			
1. Entity Name ELOS U.S.A., LLC																																			
Principal Place of Business 2705 LAKE WAY COOPER CITY, FL 33026		Mailing Address 2705 LAKE WAY COOPER CITY, FL 33026																																	
2. Principal Place of Business 2705 LAKE WAY Suite, Apt. #, etc.		3. Mailing Address 2705 LAKE WAY Suite, Apt. #, etc.																																	
City & State COOPER CITY FLA		City & State COOPER CITY FLA																																	
Zip 33026		Zip 33026																																	
Country		Country																																	
4. FEI Number 20-3075393		Applied For Not Applicable																																	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																	
6. Name and Address of Current Registered Agent JACOBS, MARK A ESQ. 515 EAST LAS OLAS BLVD. 4TH FLOOR FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent																																	
Name		Name																																	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																																	
City		City																																	
FL		FL																																	
Zip Code		Zip Code																																	
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 _____ DATE _____																																			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																																	
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES																																	
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11. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 880, Florida Statutes.																																			
SIGNATURE: _____		06/14/05 954.927.2020																																	
SIGNATURE AND TITLE OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Day of Page 2																																	

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