## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000050714**

1. Entity Name

OVERSEAS MANUFACTURING GROUP, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

830-13 A1A N

#221

830-13 A1A N

.,,,,,,

#221

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE



03182008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4.	FEI Number		Applied For
	20-1337813	 	Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

3.

6. Name and Address of Current Registered Agent

FLORIDA & OFFSHORE BUSINESS FORMATION, INC 20 S BROAD STREET BROOKSVILLE, FL 34601 DO NOT WRITE

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000895357 04/24/08-80066-008 138.79

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME PIVNIOUK, MIKHAIL STREET ADDRESS 164 OAK COMMON AVE SAINT AUGUSTINE, FL 32095 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

PLUNIDYK !

4/10/08 904-3011

Daysme Phone #