

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000053169

1. Entity Name  
BILGINER USA, LLC



Principal Place of Business  
7333 NW 18TH COURT  
PEMBROKE PINES, FL 33024

Mailing Address  
7333 NW 18TH COURT  
PEMBROKE PINES, FL 33024

**DO NOT WRITE IN THIS SPACE**



06052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1411490

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUTLU, HURIYE  
7333 NW 18TH CT  
PEMBROKE PINES, FL 33024

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: MGRM  
NAME: BILGINER GIDA MADDELERI SANAYI VE  
STREET ADDRESS: TICARET LIMITED STI SOK. NO. 47  
CITY-STATE-ZIP: YENISEHIR/ZMIR TURKEY,

TITLE: MGR  
NAME: MUTLU, HURIYE  
STREET ADDRESS: 7333 NW 18TH COURT  
CITY-STATE-ZIP: PEMBROKE PINES, FL 33024

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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STREET ADDRESS:  
CITY-STATE-ZIP:

U000000766022  
06/07/07-80002-014 50.00

**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

06/05/2007 9549851142

Date

Daytime Phone #