

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082889

Entity Name: COGIR USA, LLC

FILED  
Mar 23, 2006  
Secretary of State

**Current Principal Place of Business:**

1770 W US HWY 90  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

2109 W US HWY 90  
STE 170-320  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 32-0131434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOLSEY, CAROLYN J  
6310 148 PLACE  
WELLBORN, FL 32094 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOOLSEY, CAROLYN J  
Address: 6310 148 PLACE  
City-St-Zip: WELLBORN, FL 32094

Title: MGRM ( ) Delete  
Name: CASTILLETTO, VINCENTO  
Address: Z.I. - C. DA COFFA S.N.  
City-St-Zip: CHIARAMONTE GULFI, RG 97012 IT

**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: CAROLYN WOOLSEY

MGRM

03/23/2006

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