

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088172

Entity Name: KOCEMSA USA LLC

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

3985 WEST GARDENIA AVENUE
WESTON, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

3985 WEST GARDENIA AVENUE
WESTON, FL 33332 US

New Mailing Address:

FEI Number: 20-1977992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAATCI, KERIM
3985 WEST GARDENIA AVENUE
WESTON, FL 33332 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: KERIM SAATCI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOCEMSA GIDA HED. ES, YA SAN.VE TIC. L TD.STI.
Address: MI TEPE ALISVERIS MERKEZI, NO. 76
City-St-Zip: KARTAL, ISTANBUL, TR 00000 TR

Title: MGR () Delete
Name: SAATCI, METIN
Address: 3985 WEST GARDENIA AVENUE
City-St-Zip: WESTON, FL 33332 US

Title: MGR () Delete
Name: SAATCI, KERIM
Address: 3985 GARDENIA AVENUE
City-St-Zip: WESTON, FL 33332 US

ADDITIONS/CHANGES:

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

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: KERIM SAATCI

MGR

04/03/2006

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