

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001033

Entity Name: LINSTOL USA, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

3899 MANNIX DR
SUITE 411
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3899 MANNIX DR
SUITE 411
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2094508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 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: BEK, OLE CEO
Address: 3859 JUNGLE PLUM DRIVE EAST
City-St-Zip: NAPLES, FL 34114

Title: MGRM () Delete
Name: WOOLHOUSE, PETER V.P.
Address: 3732 JUNGLE PLUM DRIVE EAST
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEK, OLE CEO
Address: 3899 MANNIX DRIVE, UNIT 411
City-St-Zip: NAPLES, FL 34114

Title: MGRM (X) Change () Addition
Name: WOOLHOUSE, PETER V.P.
Address: 3899 MANNIX DRIVE, UNIT 411
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify 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: OLE BEK

CEO

07/09/2008

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