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(/	Address)					
(/	Address)					
(Ç	City/State/Zip/Phone #)					
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(Document Number)						
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J. BRYAN MAY 25 2006

3. SUYAM AUG 2.2 2006

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: Euro Colors LLC (Name of	Limited Liabi	ity Company)		-
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change	and fee(s) are su	ıbmitted for fili	ing.
Please return all correspondence concerning	g this matter to	the following:		
Naomi Dwek		<u> </u>		D
(Name of Person)				SECRETAR OF AUG 21
(Firm/Company)		_		- 67
7000 Island Blvd., Apt. 2404	-	·. · · · · · · · · · · · · · · · · · ·	•	CORPORATIONS
` '				6 85
	: .		• ••	
Aventura, Florida 33160		_ ,		
(City/State and Zip Code)		* . *		
For further information concerning this mat	tter, please cal	:		
Naomi Dwek	at (305) 933-8862		
(Name of Person)	_ at (/ (Area Code & D	aytime Telepho	one Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	MLING ADDRES gistration Section ision of Corporati Box 6327 lahassee, Florida 3	ons	
Enclosed is a check for the followi	ng-amount:			
\$25 Filing Fee				

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2006

NAOMI DWEK 7000 ISLAND BLVD., APT. 2404 AVENTURA, FL 33160

SUBJECT: EURO COLORS LLC Ref. Number: L05000108930 SECRETARY OF STATEONS
DIVISION OF CORPORATIONS
OF AUG 21 AM 8: 06

We have received your document for EURO COLORS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have to list the new registered agent on form and that person has to sign.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 306A00036770

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability comp	oany is: Euro Colors	LLC		<u></u> •
2. The mailing address o	f the limited liab	oility company is: !	Rothschild Trust (B	ermuda) Lir	nited,
P.O. Box HM 1565, Hamilton	on, HM FX Bermu	uda			
November 9, 2005			L05000108930		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of	ered agent and th	he registered office	address as shown	on the reco	ords of the
	CT Corporati	on System			
		Name		-	•
	1200 South Pi	ne Island Road		-	
		Address			
Plantation, Florida 33324			-	9 PV.	
		City, State and Zi	ıp		ISIO A
6. The name and address	of the new regis	tered agent and/or of	office:		SECRETARY SECRETARY OF AUG 21
	Naomi Dwek	τ	* _		- CORP.
	7000 Island Blv	. Name vd., Apt. 2404	• • • • • • • • • • • • • • • • • • • •		ORPORATIONS
-	Florida street	address (P.O. Box	NOT acceptable)		90 110HS
	Aventura	FL 3316	0	· • •	
	- · ·	City; State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or change in the registered a creby confirmed nited liability control of the limited	es are made, the Flo gent will be identice that the change(s) was empany or as otherwalliability company.	rida street address al. Or, in the case vas/were authorize	of the regi of a Florided by an af	istered office da limited firmative vote
Naomi Dwek		· · · · · · · · · · · · · · · · · · ·			
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as regis is of all statutes id accept the obl this document is i that the limited	tered agent and agi relative to the prop ligations of my posi being filed to mere liability company i	ree to act in this co er and complete p tion as registered ly reflect a chang ias been notified i	apacity. I performance agent as performance in the region writing of	further agree to e of my duties, rovided for in vistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)