

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025993

Entity Name: ORIFLAME USA, LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

113 NATURE WALK PARKWAY
SUITE 101
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

PO BOX 600039
JACKSONVILLE, FL 32260 US

New Mailing Address:

FEI Number: 56-2190821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGALLS, LARRY
113 NATURE WALK PARKWAY
SUITE 101
JACKSONVILLE, FL 32092 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: MGR () Delete
Name: INGALLS, LARRY
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: INGALLS, LINDA
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INGALLS, LARRY
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: LARRY INGALLS

MGRM

01/08/2007

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