

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063511

**FILED**  
**Jan 02, 2007**  
**Secretary of State**

**Entity Name:** START CHEMICAL USA CORPORATION L.L.C.

**Current Principal Place of Business:**

1015 W NEWPORT CTR DR  
STE 105  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

5201 BLUE LAGOON DR. 8TH FL,  
SUITE 850  
MIAMI, FL 33126

**Current Mailing Address:**

1015 W NEWPORT CTR DR  
STE 105  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

5201 BLUE LAGOON DR. 8TH FL,  
SUITE 850  
MIAMI, FL 33126

**FEI Number:** 74-3182744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FONSECA, CELIO  
22359 SW 57TH CIR  
BOCA RATON, FL 33428 US

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

PERGHER, FABIO  
5201 BLUE LAGOON DR. 8TH FL,  
SUITE 850  
MIAMI, FL 33126 US

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: FABIO PERGHER

01/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FONSECA, CELIO  
Address: 22359 SW 57TH CIR  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: PERGHER, FABIO  
Address: 5201 BLUE LAGOON DR. 8TH FL, SUITE 850  
City-St-Zip: MIAMI, FL 33126

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: FABIO PERGHER

P

01/02/2007

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