

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119211

Entity Name: US STANDARD LLC

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

4701 SW 45TH STREET, BLDG 10, BAY #18
DAVIE, FL 33314 US

New Principal Place of Business:

31 NORTH DIXIE HIGHWAY
HALLANDALE, FL 33009 US

Current Mailing Address:

4701 SW 45TH STREET, BLDG 10, BAY #18
DAVIE, FL 33314 US

New Mailing Address:

31 NORTH DIXIE HIGHWAY
HALLANDALE, FL 33009 US

FEI Number: 20-8060042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIMITRY, KOLSKY
824 NE 6TH STREET
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

DIMITRY, KOLSKY
3161 SOUTH OCEAN DRIVE
1607
HALLANDALE, FL 33009 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: DIMITRY KOLSKY

02/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHOULJENKO, VITALI
Address: 955 77TH STREET
City-St-Zip: BROOKLYN, NY 11228 US

Title: MGRM () Delete
Name: KOLSKY, DIMITRY
Address: 824 NE 6TH STREET
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KOLSKY, DIMITRY
Address: 3161 SOUTH OCEAN DRIVE, APT 1607
City-St-Zip: HALLANDALE, FL 33009 US

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: DIMITRY KOLSKY

MGRM

02/22/2008

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