

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024683

Entity Name: CUCINE LUBE USA, LLC

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

1000 MANSELL EXCHANGE W, BLDG. 200, STE 21
0
ALPHARETTA, GA 30022

New Principal Place of Business:

2628 17TH STREET
SARASOTA, FL 34234

Current Mailing Address:

1000 MANSELL EXCHANGE W, BLDG. 200, STE 21
0
ALPHARETTA, GA 30022

New Mailing Address:

2628 17TH STREET
SARASOTA, FL 34234

FEI Number: 20-3946936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEITLICH, PAUL D
2033 MAIN STREET , SUITE 600
SARASOTA, FL 34237 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: CHARLES WILLIAM KOLB, RENER
Address: 1000 MANSELL EXCHANGE W, BLDG. 200, STE 21
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR () Delete
Name: BRIDGES, JAMES E
Address: 1000 MANSELL EXCHANGE W, BLDG. 200, STE 21
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BRIDGES, JAMES E
Address: 2628 17TH STREET
City-St-Zip: SARASOTA, FL 34234

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: JAMES E. BRIDGES

MGR

01/18/2008

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