

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044786

Entity Name: ENVESCO USA, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

1311 BEACON CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

2640 LAKESHORE DR
408
RIVIERA BEACH, FL 33404

Current Mailing Address:

1311 BEACON CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

2640 LAKESHORE DR
408
RIVIERA BEACH, FL 33404

FEI Number: 20-8924743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMPLEY, PATRICK
1311 BEACON CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SGANZERLA, ANDREA R
2640 LAKESHORE DR
408
RIVIERA BEACH, FL 33404 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: ANDREA R SGANZERLA

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMPLEY, PATRICK
Address: 1311 BEACON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SGANZERLA, ANDREA R
Address: 2640 LAKESHORE DR #408
City-St-Zip: RIVIERA BEACH, FL 33404

Title: MGR () Change (X) Addition
Name: SAMPLEY, PATRICK
Address: 1355 W PALMETTO PARK RD #175
City-St-Zip: BOCA RATON, FL 33486

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: ANDREA R SGANZERLA

MGRM

04/21/2008

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