## 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000079229

**Entity Name: OPTICHLOR INTERNATIONAL LLC** 

FILED Dec 20, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15023 S.W. 40TH STREET DAVIE, FL 33331 US

Current Mailing Address: New Mailing Address:

15023 S.W. 40TH STREET DAVIE, FL 33331 US

FEI Number: 26-3236891 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD 347

PEMBROKE PINES, FL 33027 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: UNITED STATES CORPORATION AGENTS, INC.

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR

 Name:
 NIEDERMAIER, HEINZ MR

 Address:
 15023 S.W. 40TH STREET

 City-St-Zip:
 DAVIE, FL 33331 US

Title: MGRM

 Name:
 JAMES, SPENCER MR

 Address:
 15023 S.W. 40TH STREET

 City-St-Zip:
 DAVIE, FL 33331 US

Title: MGRM

 Name:
 LOBNIG, PETER MR

 Address:
 15023 S.W. 40TH STREET

 City-St-Zip:
 DAVIE, FL 33331 US

Title: MGRM

 Name:
 TYLER, KEITH MR

 Address:
 15023 S.W. 40TH STREET

 City-St-Zip:
 DAVIE, FL 33331 US

Title: MGRM

 Name:
 SEUBERT, KIRK MR.

 Address:
 15023 S.W. 40TH STREET

 City-St-Zip:
 DAVIE, FL 33331 US

Title: MGRM

 Name:
 WATT, GORDON MR

 Address:
 15023 SW 40TH STREET

 City-St-Zip:
 DAVIE, FL 33331 US

I hereby 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 Statues.

SIGNATURE: HEINZ J. NIEDERMAIER MGR 12/20/2010

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