109000003337

| (Requestor's Name) (Address) | 500161462305 |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| (City/State/Zip/Phone #) | 10/16/0901011001 **25.00 |
| (Business Entity Name) (Document Number) | 2009 OCT |
| Certified Copies <u>ান্ত</u> Certificates of Status <u>চন্দ্রের</u> Special Instructions to Filing Officer: | 18 PM 3: 17 ARY OF STATE ASSEE, FLORIDA |
| A. LUNT | |

Office Use Only

OCT 19 2009

EXAMINER

COVER LETTER

| 10: | Division of Corporations | | | | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------|---------------|--------------------------------------------------------------|-------|
| SUBJ | ест: | PGI | . USA | \ L | LLC | |
| | Name of Lin | nited | l Liabil | ity | y Company | |
| Dear S | ir or Madam: | | | | | |
| The er | closed Registered Agent/Registered Off | fice (| Change | an | and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning th | is m | atter to | the | he following: | |
| | John S. Hickey Name of Person | · · · · · · · · · · · · · · · · · · · | <u>.</u> | - | - | |
| | PGL USA LLC Firm/Company | | | _ | - | |
| | 1348 NW 78 Avenue | | _ | , | 2009 OC | ••• |
| <u></u> | Doral, FL 33126 City/State and Zip Code | · | | | 2009 OCT 18 PH 3: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA | 77 |
| E- | gene@lesmarllc.com mail address: (to be used for future annual report noti | ficatio | n) | | 3: 17 DRIDA | echi- |
| For fu | ther information concerning this matter, | , plea | ase call | : | | |
| _ | Eugene Malcolm | at (| 305 |) | 215-1807 | |
| | Name of Person | \ | | Area | rea Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| | Enclosed is a check for the following | amo | uņt: | | | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Name of the limited liability company: | PGL USA LLC | | | | |
| 2. (a) Principal office address of limited liability compar | y: Address change | | | | |
| (Note: MUST BE STREET ADDRESS) | 1348 NW 78 Avenue Doral, FL 33126 | | | | |
| (b) Mailing address of limited liability company: | Address change | | | | |
| (Note: MAY BE POST OFFICE BOX) | 1348 NW 78 Avenue Doral, FL 33126 | | | | |
| 1/12/2009 | L0900003237 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | | | | |
| Registered Agent: | John S Hickey | | | | |
| Registered Office Address: | 2203 NW 79 Avenue 27 S T T T T T T T T T T T T T T T T T T | | | | |
| | S S S | | | | |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: | | | | |
| <u>NEW</u> Registered Agent: | John S Hickey | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1348 NW 78 Avenue Doral, FL 33126 .FL | | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the province of the obligations of my prochapter 608, F.S. Or, if this document is being filed to mand the statute of Registered Agent. Signature of Registered Agent. | Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y. | | | | |
| organism or registered regent | | | | | |