PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

FILED

LIMITED, LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

10 AUG 24 AM 10: 31

SUCRETARY OF STATE

DOCUMENT # L09000055829
1. Limited Liability Company's Name

KEIMPTON USA LLC							900182577009 08/24/1001203- <sub>0</sub> 926 **388.75			
Principal Office Address - No P.O. Box #     SE 8TH AVE			3. Mailing Office Address 21 SE 8TH AVE				4. State/Country of Formation			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. 0	FL/USA  5. Date Organized or Qualified To Do Business in Florida 06/09/09			
City & State DEERFIELD BEACH FL			DEERFIELD BEACH FL				6. FEI Number Applied For 27-0295662 Not Applicable			
Zip 33441	1	Country USA	33441 Country USA			7. CI	7. CERTIFICATE OF STATUS DESIRED 7 \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent										
Name TAX HOUSE CORPORATION							The reinstatement fee is imposed, except in			
	fess (P.O. Bo	ox Number is Not Acceptable				]	Joircumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. 2ND FL										
city DEERI	FIELD B	EACH	State Zip Code FL 33441							
9. I being	appointed th	e registered agent of the abo	ve named limited	d liability co	ompany, am familiar with and	d accept	the obligati	ons of Chapter 608, F.S.		
Signature o Registered		, RE	GISTERED AG		Ne Gomes		<del></del>	Date (954) 78	32-4000	
10. Name	es and Street	Addresses of Managing Men	ibers/Managers						<del></del>	
Titles		Name of Managing Members/Manag	ers		Street Address of Ea Managing Member/Man	ch nager		City / Stat	te / Zip	
MGR	VIC	TOR M ALE		21 8	SE 8TH AVE			DEERFIELD BE	CH FL 33441	
									·	
					-					
		the table to the same of the s						-	<del>-</del>	
11, E-mail	Address:									
12, I certif filing the	y that I am m	nent application the reason for a limited liability company hav	dissolution has	trustee em been elimir	nated, the limited liability con	plication npany na	ame satisfie	d for in Chapter 608, F.S. I fur is the requirements of section ate, and my signature shall ha	608.406, F.S., and that	
Signature of Managing Member/Manager Date 6 of 100 Daytime Phone # 305-718-9183										
Typed or pr	rinted name o	of signing Managing Member	Manager		· · · · · · · · · · · · · · · · · · ·	· ·				