

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000115619

**Entity Name:** MULTIGYN USA, LLC

**FILED**  
**Nov 18, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

15036 SPINNAKER COVE LN  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

15036 SPINNAKER COVE LN  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**FEI Number:** 45-5166260

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BONGA, KARL J  
15036 SPINNAKER COVE LN  
WINTER GARDEN, FL 34787 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:** KARL J. BONGA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** BONGA, KARL J  
**Address:** 15036 SPINNAKER COVE LN  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

**Title:** MGRM  
**Name:** MOVIDA, NORMA  
**Address:** 15036 SPINNAKER COVE LN  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

**Title:** MGRM  
**Name:** GILBERT, KRISTIN  
**Address:** 15036 SPINNAKER COVE LN  
**City-St-Zip:** WINTER GARDEN, FL 34787 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** KARL J. BONGA

MGR

11/18/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date