


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90089 009 ****55.00

DOCUMENT # L97000000657	
1. Entity Name UNITED SEAL ASSOCIATION, LLC	

Principal Place of Business 7236 N.W. 72ND AVE. MIAMI, FL 33166	Mailing Address 7236 N.W. 72ND AVE. MIAMI, FL 33166
---	---

14018342



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

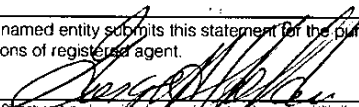
07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0761405	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLDEN, GEORGE A 7236 N.W. 72ND AVE. MIAMI, FL 33166		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

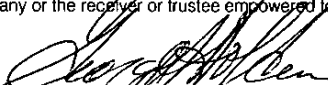
SIGNATURE  DATE **7/5/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDEN, GEORGE A 7236 N.W. 72ND AVE. MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PERIOTTO, EDGARD L ALAMEDA BARAO DE LIMEIRA 1524 APT 1 SAO PAULO BRAZIL 01202002, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PORTO, MARIA C ALAMEDA BARAO DE LIMEIRA 1524 APT 1 SAO PAULO BRAZIL 01202002, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GOMEZ, MARIA HELENA CRA. 9 #85-78 APT 503 BOGATA COLOMBIA CED 41503624 BOGATA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **GEORGE A. HOLDEN** **7/5/05** **(305) 805-9920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #