

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000003296

1. Entity Name
BUCHEN U.S.A., L.C.



Principal Place of Business
4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE, FL 32578

Mailing Address
4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE, FL 32578



01042007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-3575930

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNDON, D. TIMOTHY
4502 HWY 20 EAST STE A
NICEVILLE, FL 32578

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUCHEN, MARY LOUISE
STREET ADDRESS 25 WARWICK DRIVE
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE MGR
NAME BUCHEN, BARBARA
STREET ADDRESS 25 WARWICK DRIVE
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] (POA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #