DOCUMENT # L9900008289 1. Entity Name CEM EURO INDUSTRIES, LLC									FI	LED			•	
Principal Plac 1100 IMPERIA SARASOTA F	al drive. Su		P.	Mailing Address P.O. BOX 3319 SARASOTA FL 34230				OI MAR 29 AM 8: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Place of Business				3. Mailing Address				-						
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE								
City & State				City & State				lumber	65-0964150			pplied For lot Applicable	-	
Zip Country			Zi	p	try	5. Certificate of Status Desired S \$5.00 Addition Fee Required					ditional	1		
6. Name and Address of Current F				ered Agent		Name	7. Name	and Add	dress of New Re	gistered A	gent		_	
MANNING, SANDRA 1100 IMPERIAL DRIVE, SUITE 205							ss (P.O. Box N	umber is	Not Acceptable)					
SARASOTA FL 34236					City				FL	Zip Coo	de	-		
***************************************	named entity	submite this statement to	by the pu	roose of changing its	registere	ed office or regis	stered agent, o	or both, in	the State of Flori	da.				
SIGNATURE	Signature, typed	ox printed name of registered agent	and title if a	applicable. (NOTE	: Registere	Agent signature requ	ired when reinstati	ng)		DATE			-	
FILE NOW Make Check Paya						FEE IS \$50.0 o Departmen		10	:0003 -04/12 *****	/010)1004	5 -002 *50.00	· t	
9.		MANAGING MEME	ERS/MI	EMBERS	10.				ADDITIONS/0]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100 IMP	6, sandra Erial Drive, suite 2 1a fl 34236	05	☐ Delete							☐ Change	Addition	E083 (11/00)	
TITLE NAME STREET ADDRESS				☐ Defete		E Et address					Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE		٠				☐ Change	Addition	- 	
CITY-ST-ZIP TITLE NAME	•			☐ Delete		-ST-ZIP	-			_	☐ Change	☐ Addition	-	
STREET ADDRESS CITY-ST-ZIP				<u> </u>		ET ADDRESS -ST-ZIP		···		·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					Ļ٧		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition		
11. I hereby c	11. I hereby certify that the information supplied with this filling 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.													
SIGNAT	URE:	ND TYPED OR PRINTED NAME	of SIGNING	MANAGING MEMBER, MAN	IAGER, OR	AUTHORIZED REPRI	Ma	س	Date	Da	ytime Phone #/	<u>/</u>		