

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90352 028 \*\*\*\*50.00

**DOCUMENT # M00000001422**

1. Entity Name  
**SUNBEAM LATIN AMERICA, LLC**



Principal Place of Business  
**2381 EXECUTIVE CENTER DRIVE  
BOCA RATON, FL 33431**

Mailing Address  
**2381 EXECUTIVE CENTER DRIVE  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**



03282007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**36-2958907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOP  
HILL, ANDREW C  
2381 EXECUTIVE CENTER DRIVE  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TOTTE, ROBERT P  
2381 EXECUTIVE CENTER DRIVE  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
ASHKEN, IAN  
555 THEODORE FRENCH AVENUE  
RYE, NY 10580**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCHMID, FRANZ  
10000 NW 25TH STREET  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MICHAELS, VICTOR  
2381 EXECUTIVE CENTER DR  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

*Robert P. Tote* **ROBERT P. TOTTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*361-912-4100*