2006 LIMITED LIABILITY COMPANY

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| DOCUMENT # M0300001168 1. Entity Name FMI INTERNATIONAL LLC | | | | | 0 SF | GJUL 21 P CRETARY O AHASSEE. |) M o . | |
| Principal Plac | e of Business | Mailing Address | | | TAI | UNE JARY D | Fores | |
| 800 FEDERAL BLVD. 800 FEDERAL BL | | | | | ייתבנ | AHASSFF | 'ESTATE | |
| | | CARTERET, NJ 07008 | | £ | • | ٠, | rLURIDA | |
| ONICI EILET, II | | OMITEMEN, NY 07000 | | 13/1 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07132006 | Chg-LLC | CR2E083 (11/05 | · | |
| City & State | | City & State | | 4. FEI Numb | | | Applied For Not Applicable | |
| Zip | Country | Zip | Countr | У | | of Status Desired | S5.00 Ac | |
| | 6. Name and Address of Current | Registered Agent | | 11 | 7. Name and | Address of New R | legistered Agent | |
| CTCOPP | ODATION SYSTEM | | | Name | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
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| | | | Ī | City | 07/2 | DOO77 9 5/0601053 | 3OFL #4999 | 4 90 |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its r | egistered | d affice or register | ed agent, or bo | th, in the State of Flo | orida. I am familiar with | n, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | | 1 | | | | | | |
| Filing Fee Is \$50.00 Due by September 6, 2006 | | | | | | | | |
| | | | | | | | e check payable to a Department of Sta | ite |
| | | RS/MANAGERS | 10. | | | | a Department of Sta | ite |
| Due t | MANAGING MEMBE | RS/MANAGERS | 10. | | | Florida | a Department of Sta | |
| Due t | MANAGING MEMBE CHAIRMAN CHEC DESMYE | ☐ Delete | | | | Florida | Department of Sta | |
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SIGNATURE: JOSEPH CANGELOS: CORP. SEC'Y 07/11/2006 732 750 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despire Proces