

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003634

FILED
Feb 05, 2004
Secretary of State

Entity Name: VARAGES OUTLET USA LLC

Current Principal Place of Business:

5383 FACTORY SHOP BOULEVARD STE. 217
SPACE 580
ELLENTON, FL 34222

New Principal Place of Business:

5383 FACTORY SHOPS BOULEVARD
SUITE 217
ELLENTON, FL 34222

Current Mailing Address:

5383 FACTORY SHOP BOULEVARD STE. 217
SPACE 580
ELLENTON, FL 34222

New Mailing Address:

5383 FACTORY SHOPS BOULEVARD
SUITE 217
ELLENTON, FL 34222

FEI Number: 20-0317338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL PRETE, ALEXANDRE
5383 FACTORY SHOP BOULEVARD STE. 217
SPACE 580
ELLENTON, FL 34222

Name and Address of New Registered Agent:

DEL PRETE, ALEXANDRE A MR
5383 FACTORY SHOPS BOULEVARD
SUITE 217
ELLENTON, FL 34222

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.

SIGNATURE: MR ALEXANDRE A DELPRETE

02/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DEL PRETE, ALEXANDRE
Address: 5383 FACTORY SHOP BOULEVARD STE. 217
City-St-Zip: ELLENTON, FL 34222

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEL PRETE, ALEXANDRE A MR
Address: 5383 FACTORY SHOPS BOULEVARD
City-St-Zip: ELLENTON, FL 34222

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEXANDRE A DELPRETE

MR

02/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date