

M04000004878

(Requestor's Name)

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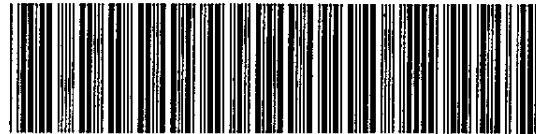
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 21 PM 2:11

APPROVED  
AND  
FILED

Revised - corrected

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BINDA USA LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Tedone  
(Name of Person)

BINDA USA LLC  
(Firm/Company)

18851 N.E. 29<sup>th</sup> Avenue, Suite 1000  
(Address)

Aventura, FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Tedone at (305) 692-5212  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 8, 2005

JOANNE TEDONE  
BINDA USA LLC  
18851 N.E. 29TH AVENUE, STE. 1000  
AVENTURA, FL 33180

SUBJECT: BINDA USA LLC  
Ref. Number: M04000004878

We have received your document for BINDA USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 605A00066742

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: BINDA USA LLC
2. The mailing address of the limited liability company is : 18851 N.E. 29<sup>th</sup> Avenue, Suite 1000 Aventura, FL 33180.
3. Date of filing/registration in Florida 11/9/2004
4. Document number M 04 00000 4878

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

UCC Filing & Search Services  
Name  
1574 Village Square Blvd, Suite 1000  
Address  
Tallahassee, FL 32309  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Joanne Tedone c/o BINDA USA LLC  
Name  
18851 NE 29<sup>th</sup> Avenue, Suite 1000  
Florida street address (P.O. Box NOT acceptable)  
Aventura FL 33180  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joanne Tedone  
(Signature of a member or authorized representative of a member)

Joanne Tedone, VP Finance, Binda USA LLC  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Joanne Tedone  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00