

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90235 011 ***138.75

DOCUMENT # M07000006228

1. Entity Name
ORWAK USA, LLC



Principal Place of Business
ONE CORPORATE DRIVE, SUITE 710
SHELTON, CT 06484

Mailing Address
ONE CORPORATE DRIVE, SUITE 710
SHELTON, CT 06484

2. Principal Place of Business - No P.O. Box #
480 Lordship Boulevard

3. Mailing Address
480 Lordship Boulevard

Suite, Apt. #, etc.

City & State
Stratford, Connecticut

City & State
Stratford, Connecticut

Zip
06615

Country
USA

Zip
06615

Country
USA

01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1749212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
JOHANSSON, TOMAS
ONE CORPORATE DRIVE, SUITE 710
SHELTON, CT 06484

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

480 Lordship Boulevard
Stratford, Connecticut 06615

TITLE
NAME
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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:

Tomas Johansson, Manager

February 24, 2008 (845) 796-1010

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

Date

Daytime Phone #