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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please. **

Ema11	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLPORT ASSOCIATES USA, LLC

Certificate of Status	1
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Page Count	03
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D. BRUCE

JUL 11 2012 .

EXAMINER

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Corporate Filing Menu

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COVER LETTER				
TO: Registration Scotion Division of Corporations SUBJECT: Millport Associates USA, LLC Name of Foreign Limited Liability Company				
Name of Foreign Limited Liability Company				
Dear Sir or Madam:				
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Gary Kovacs, Esquire				
Name of Person				
Mattlin & Kovacs, PL				
Firm/Company	75			
1900 Glades Rd., #245 ≦	ੇ 5ਵ ਜ਼ੜੋੜ			
Address				
Boca Raton, FL 33431				
City/State and Zip Code	1			
dd@mattlinkovacs.com	, vo			
B-mail address: (to be used for future annual report notification)	မ			
For further information concerning this matter, please call:				
Gary Kovacs at (561) 372 - 7200 Name of Person Area Code and Daytime Telephone Number				
Name of Person Area Code and Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
Taliahassee, Florida 32301				
Enclosed is a check for the following amount: \$25 Filing Fee \$\infty\$ Certificate of Status \$\infty\$ Certified Copy \$\infty\$ Certified Copy \$\infty\$ Certified Copy				

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CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability con Department of State is: Mulliport Associates	mpany as it appears on the records of the Floric usa, LLC	ia 		
2. This entity was formed under the la	WS Of; Delaware	 '		
3. This entity was authorized to transa and its Florida document/registration n		·		
4. The name and address of each mana	ger or managing member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	•		
MGR	Alberto Carbi Haubold			
	10441 NW 56 Terraco			
	Mland, FL 33178			
MGR	Miliport Associates, S.A.			
	2737 N. Commerce Parkway			•
	Miramar, FL 33025			
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Required Signature: \(\)	Therme de Oms Coope	<u> </u>		
Signature of Mana	ger. Managing Member or Member			

Filing Fee: \$25