M1300000 6127

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	€)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	. –

Office Use Only



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TIL TO

D. SCOTT DEC 1 9 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: USA Hardware, LL	C Limited Liability Company
Dear Sir or Madam:	similar binamiy company
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Denise Aiola	
Name of Person	
LDN Management, LLC	
Firm/Company	
40 M/ Fluo Chuo at 4D	
40 W. Elm Street, 1D	
	-
Greenwich, CT 06830	″ූූ
City/State and Zip Code	
ctlaw2007@gmail.com	
E-mail address: (to be used for future annual re	port notification)
	u.
For further information concerning this matter, plane Denise Aiola	1, 203 769-1203
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: \$\Bigsim \frac{\$25\text{ Filing Fee}}{\$Certificate of Status}\$	S55 Filing Fee & S60 Filing Fee. Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on th	e records of the Florida Department of	
State: USA Hardware, LLC		
Enter new principal office address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		~2
. The Florida document number of this limited liability o	company is: M1300006127	اح دب مد <u>ــــــــــــــــــــــــــــــــــــ</u>
MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address		
SECTION II (5-9 complete only the applicable chang	es)	
New name of the limited liability company: (must contact)	ain "Limited Liability Company, " "L.L.	 C" or "LLC.")
copy of the written consent of the managers or managing	members adopting the alternate name.	rida and attach a The alternate name
		ne of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Addre	ss .
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 605, 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.

	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Elsie Webster	411 Arbor Circle,	Add
		Celebration, FL	■ Remo
Daniel Barber	18 Greenway Drive	P _■Add	
		Greenwich, CT 0683	30 Remo
			Add =
			Remov
			Add
			Remov
			Add
			Remov

Filing Fee: \$25.00