2nd and FINAL NOTICE: **File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 24 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report $100.00 + $86.75 Corporation Supplemental Fee + $400.00 Late Fee
$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000001360

ARMOURFEND AMERICA, LLC
1389 SW 12TH AVENUE
POMPANO BEACH FL 33069

1a. Principal Place of Business Address

1389 SW 12TH AVENUE
POMPANO BEACH FL 33069

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 11/16/1998
3a. State of Formation: DE
4. FEI Number: 06-1524424 ☐ Applied For ☐ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired ☒

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
~~FENGLER, KENNETH~~ ~~1389 SW 12TH AVENUE~~ ~~POMPANO BEACH FL 33069~~	Name: Howard Allen Cohen, Esq. Street Address (P.O. Box Number is Not Acceptable): Atkinson, Diner, et al Suite, Apt. #, etc.: 1946 Tyler Street City: Hollywood FL Zip Code: 33020

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE: Howard Allen Cohen DATE: 9/22/99
(Registered Agent) Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KANE, JOSEPH C JR.	2 GREENWICH PLAZA #100	GREENWICH CT
~~MGR~~	~~KANE, KATHRINE~~	~~2 GREENWICH PLAZA #100~~	~~GREENWICH CT.~~
MGR	KANE, LAURA	2 GREENWICH PLAZA #100	GREENWICH, CT

300000300833--4
-10/07/99--01002--019
****97.50 ****587.50
9.30

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

→ **SIGNATURE:** Joseph C Kane 9/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (6/99)