

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120433

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: MONTANA (U.S.) HOLDINGS, LLC

**Current Principal Place of Business:**

1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 26-1750792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VERGARA, DAVID R  
Address: 1500 SAN REMO AVE., SUITE 125  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: YANES, LUIS A  
Address: 1500 SAN REMO AVE., SUITE 125  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: CHACON, CESAR  
Address: 1500 SAN REMO AVE., SUITE 125  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: FERNANDEZ, ANGELA  
Address: 1500 SAN REMO AVE., SUITE 125  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID VERGARA

MGR

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date