## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000027878

Entity Name: AREAS USA ATLANTA, LLC

FILED Jan 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5301 BLUE LAGOON DRIVE, SUITE 690 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 5301 BLUE LAGOON DRIVE, SUITE 690 MIAMI, FL 33126 FEI Number: 26-2635521 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AREAS USA, INC., Name: Name: 5301 BLUE LAGOON DRIVE, SUITE 690 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition RABELL, XAVIER Name: Name: Address: 5301 BLUE LAGOON DRIVE, SUITE 690 Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: CEO () Delete Title: () Change () Addition RABELL, XAVIER Name: Name: 5301 BLUE LAGOON DRIVE, SUITE 690 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: URIBE, EDUARDO Name: 5301 BLUE LAGOON DRIVE, SUITE 690 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition BALLI, FRANCESCO Name: Name: 5301 BLUE LAGOON DRIVE, SUITE 690 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FLAMERTY, DAVID FLAHERTY, DAVID Name: Name: Address: 5301 BLUE LAGOON DRIVE, SUITE 690 Address: 5301 BLUE LAGOON DRIVE, SUITE 690 MIAMI, FL 33126 MIAMI, FL 33126 City-St-Zip: 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: XAVIER RABELL CEO 01/08/2009