

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000093656

Entity Name: PINELINV USA, LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1055 N.W. 159TH DRIVE  
MIAMI, FL 33169

## **New Principal Place of Business:**

1055 N.W. 159TH DRIVE  
MIAMI GARDENS, FL 33169

## **Current Mailing Address:**

95 MERRICK WAY, SUITE 250  
CORAL GABLES, FL 33134

## **New Mailing Address:**

1055 N.W. 159TH DRIVE  
MIAMI GARDENS, FL 33169

FEI Number: 27-3425666

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 AVENUE, 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  
Name: FOJO, MAYLIN  
Address: 1055 N.W. 159TH DRIVE  
City-St-Zip: MIAMI, FL 33169

Title: MGR  
Name: PINEL, PHILIPPE  
Address: 1055 NW 159 DR  
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby 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: MAYLIN FOJO

MGR

01/18/2011

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