

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000495

Entity Name: USA LIFT LLC

Current Principal Place of Business:

C/O JACK LEVINE, CPA
16855 N.E. 2ND AVE., SUITE 303
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

C/O JACK LEVINE, CPA
16855 N.E. 2ND AVE., SUITE 303
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0974346

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEVINE, JACK CPA
16855 N.E. 2ND AVENUE, SUITE 303
NORTH MIAMI BEACH, FL 33162 US

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

Authorized Person(s) Detail :

Title MGRM
Name GAVIGLIO, ENRIQUE
Address C/O JACK LEVINE CPA 16855 NE 2ND
AVE # 303
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGRM
Name GAVIGLIO, PABLO
Address C/O JACK LEVINE CPA 16855 NE 2ND
AVE #303
City-State-Zip: NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PABLO GAVIGLIO

MGRM

01/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date