# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L08000028496

### Entity Name: POSTURAL USA, LLC

# Current Principal Place of Business:

7345 W. SAND LAKE ROAD SUITE 225 ORLANDO, FL 32819

# **Current Mailing Address:**

7345 W. SAND LAKE ROAD SUITE 225 ORLANDO, FL 32819

# FEI Number: 26-2264413

## Name and Address of Current Registered Agent:

LARSON ACCOUNTING &CONSULTING SERVICES LLC 8615 COMMODITY CIRCLE STE 06 ORLANDO, FL 32819 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LEVY, FERNANDO G	Name	MATSUYAMA, RICARDO H
Address	AV. JOSE HORACIO MEIRELLES	Address	RUA FLOR DA SERRA 15
Citv-State-Zip:	TEIXEIRA 1129 SAO PAULO SP 05630	City-State-Zip:	SAO PAULO SP 02357
City-State-Zip.	SAU FAULU SF 05050		
		<b>T</b> : 4	1105
Title	MGR	Title	MGR
Title	MGR	Title Name	MGR TASSITANO, DANIELA S
Title Name	MGR LOURENCO, MONICA R	Name	TASSITANO, DANIELA S
Name	LOURENCO, MONICA R RUA DOUTOR CESAR 690	Name	TASSITANO, DANIELA S

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: DANIELA S. TASSITANO

MGR

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

Date

Date