

**2015 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

**Certificate of Status Desired:** Yes

**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

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEVY, FERNANDO G  
Address AV. JOSE HORACIO MEIRELLES  
TEIXEIRA 1129  
City-State-Zip: SAO PAULO SP 05630

Title MGR  
Name MATSUYAMA, RICARDO H  
Address RUA FLOR DA SERRA 15  
City-State-Zip: SAO PAULO SP 02357

Title MGR  
Name LOURENCO, MONICA R  
Address RUA DOUTOR CESAR 690  
City-State-Zip: SAO PAULO SP 02013

Title MGR  
Name TASSITANO, DANIELA S  
Address 14758 BRADDOCK OAK DRIVE  
City-State-Zip: ORLANDO FL 32837

*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

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date