

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114308

**Entity Name:** USACART, LLC

**Current Principal Place of Business:**

515 E PARK AVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

515 E PARK AVE  
TALLAHASSEE, FL 32301 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC  
1200 SOUTH PINE ISLAND ROAD  
MIAMI, FL 33324 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 ARTEIRO, JORGE MAURO  
Address 1221 BRICKELL AVE  
STE 900  
City-State-Zip: MIAMI FL 33131-3800

Title MRG  
Name LIMA DE OLIVEIRA, ABNER  
Address 1221 BRICKELL AVE  
STE 900  
City-State-Zip: MIAMI FL 33131-3800

Title MGR  
Name QUEIROZ, CLAUDIO MARCIO  
Address 1221 BRICKELL AVE  
STE 900  
City-State-Zip: MIAMI FL 33131-3800

Title MGR  
Name DA SILVA MOHAMAD, ALBERTO LUIS  
Address 1221 BRICKELL AVE  
STE 900  
City-State-Zip: MIAMI FL 33131-3800

*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:** JORGE MAURO BARJA ARTEIRO

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date