

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000030686

**Entity Name:** MDR USA, LLC

**Current Principal Place of Business:**

12521 FLORIDAYS RESORT DR.  
UNIT 304-F  
ORLANDO, FL 32821

**Current Mailing Address:**

7345 W. SAND LAKE RD  
SUITE 405  
ORLANDO, FL 32819 US

**FEI Number:** 45-5191170

**Certificate of Status Desired:** No

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

TWOCARE LLC  
7345 W. SAND LAKE RD  
SUITE 405  
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:** ADALBERTO STIMER- MANAGER

03/08/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SARMENGHI, RENATA D  
Address RUA AFFONSO CLAUDIO, 301, AP  
1302 MC  
City-State-Zip: VITORIA ES 29055--570

Title MGRM  
Name SARMENGHI, MARCELO D  
Address RUA AFFONSO CLAUDIO, 301, AP  
1302 MC  
City-State-Zip: VITORIA ES 29055--570

Title MGRM  
Name FILHO, DEOLINDO S  
Address RUA AFFONSO CLAUDIO, 301, AP  
1302 MC  
City-State-Zip: VITORIA ES 29055--570

*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:** SARMENGHI , MARCELO D

MGRM

03/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date