

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000495

Entity Name: USA LIFT LLC

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0974346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PABLO GAVIGLIO

MR.

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date