


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 020 ****55.00

DOCUMENT # L01000018956					
1. Entity Name LIQUIDATION USA, LLC					
Principal Place of Business LIQUIDATION USA, LLC 3750 NW 114 AV #6 MIAMI, FL 33178			Mailing Address 3750 NW 114 AV #6 MIAMI, FL 33178		
2. Principal Place of Business <i>SAVE</i>			3. Mailing Address <i>SAVE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04142004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1153857				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RATMIROFF, ALFREDO 3750 NW 114 AVE. #6 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name <i>SAVE</i> Street Address (P.O. Box Number is Not Acceptable) <i>SAVE</i> City <i>FL</i> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>04/15/04</i>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADIH & CO., LLC 3750 NW 114TH AVENUE, #6 MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RATMIROFF & CO., LLC 3750 NW 114TH AVENUE #6 MIAMI, FL 33178	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>				DATE <i>04/15/04</i> DAYTIME PHONE <i>(305) 599-3874</i>	