

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000286

Entity Name: EVACANA USA, L.L.C.

FILED  
Aug 28, 2008  
Secretary of State

**Current Principal Place of Business:**

2600 DOUGLAS ROAD, SUITE 110  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

7570 NW 14TH STREET  
SUITE 112  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 27-0002566      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ARAUZ, LUIS  
7570 NW 14TH STREET  
SUITE 112  
MIAMI, FL 33126 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VARGAS, EFRAIN  
Address: 2600 DOUGLAS ROAD, SUITE 110  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ARCILA MARQUEZ, SANDRA MILENA A  
Address: 2600 DOUGLAS ROAD, SUITE 110  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EFRAIN VARGAS

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08/28/2008

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