

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 23, 2008 08:00 AM
Secretary of State**

DOCUMENT # L02000002948

**1. Entity Name
STEINBRANDING USA, L.L.C.**



**Principal Place of Business
6505 BLUE LAGOON DRIVE
STE.130
MIAMI, FL 33126**

**Mailing Address
6505 BLUE LAGOON DRIVE
STE 130
MIAMI, FL 33126**



04072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
75-2986626**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ.
18851 NE 29TH AVENUE, STE.900
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
PINTO, JORGE
6505 BLUE LAGOON DRIVE STE.130
MIAMI, FL 33126**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
STEIN, GUILLERMO
6505 BLUE LAGOON DRIVE STE.130
MIAMI, FL 33126**

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

**TITLE
NAME
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CITY-STATE-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

**000000815795
05/12/08-80002-015 138.75**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Mr. Jorge Pinto

4/21/08

Date

786 388 9988

Daytime Phone #