

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015912

Entity Name: R & S USA, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

1214 NW 4TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1214 NW 4TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 16-1631447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOATES, RUSSELL J
1214 NW 4TH STREET
GAINESVILLE, FL 32601 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 () Delete
Name: SCOATES, R. J
Address: 1214 NW 4TH ST.
City-St-Zip: GAINESVILLE, FL 32601 US

Title: MGRM () Delete
Name: MATTHEWS, R.G.N.
Address: PEMBROKE LODGE; 1 KIRBY LANE
City-St-Zip: WOODHALL SPA, -- LN10 6RZ UK

Title: MGRM (X) Delete
Name: SPENCER-THIRLWELL, F. N
Address: PEMBROKE LODGE; 1 KIRBY LANE
City-St-Zip: WOODHALL SPA, -- LN10 6RZ UK

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SPENCER-THIRLWELL, F. N
Address: 1214 NW 4TH ST.
City-St-Zip: GASINESVILLE, FL 32601 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUSSELL J SCOATES

MR

04/13/2007

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