

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90177 034 ***138.75

DOCUMENT # L03000049658

1. Entity Name

LUCOM USA, LLC



Principal Place of Business

300 S. POINTE DRIVE
SUITE 604
MIAMI BEACH FL 33139
US

Mailing Address

300 S. POINTE DRIVE
SUITE 604
MIAMI BEACH FL 33139
US



2. Principal Place of Business - No P.O. Box #

1680 MICHIGAN AVENUE

3. Mailing Address

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

920

Suite, Apt. #, etc.

920

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

90-0225811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RICHARD
300 S. POINTE DRIVE
SUITE 604
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Richard Harris

3/26/08

Signature, typed or printed name of registered agent is not applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HARRIS, RICHARD
STREET ADDRESS 300 S. POINTE DRIVE, SUITE 604
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MGR ☐ Delete
NAME PALMQUIST, JACK
STREET ADDRESS 300 S POINTE DRIVE STE 604
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Richard Harris

3/26/08

305-604-7964

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

Date

Daytime Phone #