

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015495

FILED
Apr 21, 2009
Secretary of State

Entity Name: CLEVER- RING AMERICAS, "LLC "

Current Principal Place of Business:

9493 NW 49 DORAL LN
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 668020
MIAMI, FL 33166 US

New Mailing Address:

9493 NW 49 DORAL LN
MIAMI, FL 33178 US

FEI Number: 20-0875144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELD, MAUREEN MGR
9493 NW 49 DORAL LN
MIAMI, FL 33178 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: MGR () Delete
Name: BRANTSCHEN, NICOLAS
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

Title: MGR (X) Delete
Name: BRANTSCHEN, ROBERTA
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

Title: MGR (X) Delete
Name: FIELD, MAUREEN
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

Title: MGR () Delete
Name: FIELD, PETER
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FILEDS, MAUREEN
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

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

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

Title: MGR (X) Change () Addition
Name: FILEDS, PETER
Address: 9493 NW 49 DORAL LN
City-St-Zip: MIAMI, FL 33178 US

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: MAUREEN FILEDS

MGR

04/21/2009

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