

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025337

Entity Name: MOTHERWORKS USA LLC

FILED  
May 11, 2009  
Secretary of State

## Current Principal Place of Business:

453 CAMERON DRIVE  
WESTON, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

453 CAMERON DRIVE  
WESTON, FL 33326 US

## New Mailing Address:

PO BOX 266864  
WESTON, FL 33326 US

FEI Number: 20-2081341      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:

SORENSEN, MARK W  
453 CAMERON DRIVE  
WESTON, FL 33326 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: SORENSEN, MARK W  
Address: 453 CAMERON DRIVE  
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Delete  
Name: SORENSEN, SHERRILL S  
Address: 453 CAMERON DRIVE  
City-St-Zip: WESTON, FL 33326 US

Title: MGRM ( ) Delete  
Name: SORENSEN, MICHELLE L  
Address: 453 CAMERON DRIVE  
City-St-Zip: WESTON, FL 33326 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SORENSEN, BRIAN E  
Address: 453 CAMERON DRIVE  
City-St-Zip: WESTON, FL 33326 US

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: BRIAN E SORENSEN

MGRM

05/11/2009

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