


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000000664		
1. Entity Name DUNCAN USA, LLC		

Principal Place of Business 1337 SW SULTAN DR PORT SAINT LUCIE, FL 34953 US	Mailing Address 1337 SW SULTAN DR PORT SAINT LUCIE, FL 34953 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
CASTRO, CARLOS A 1482 SOUTH PALM AVENUE PEMBROKE PINES, FL 33025	

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 <u>Castro</u>	DATE <u>04/06/2009</u>
(NOTE: Registered Agent signature required when reinstating)	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, ARTURO E	NAME	
STREET ADDRESS	1337 SW SULTAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	CITY-ST-ZIP	

TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, AURA G	NAME	
STREET ADDRESS	1337 SW SULTAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	CITY-ST-ZIP	

TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, RAFAEL M	NAME	
STREET ADDRESS	1337 SW SULTAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.			
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SIGNATURE: <u>Castro</u>	DATE: <u>04/06/2009</u>	DAYTIME PHONE: <u>954-967-2334</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

FILED

2009 APR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-5449942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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Make check payable to
Florida Department of State

REINSTATEMENT 08-09

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