

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 039 ***538.75

DOCUMENT # L05000056931

1. Entity Name
PINING USA LLC



Principal Place of Business

**328 CRANDON BLV
105
KEY BISCAVNE, FL 33149 US**

Mailing Address

**328 CRANDON BLV
105
KEY BISCAVNE, FL 33149 US**

50008784



07172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2953416

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOTERO, GERMAN
328 CRANDON BLVD
#105
KEY BISCAVNE, FL 33149**

**CRANDON B1
#105**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALVAREZ, SEBASTIAN
328 CRANDON BLVD #105
KEY BISCAVNE, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAICEDO, ANGELA M
328 CRANDON BLVD #105
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MORALES, GUSTAVO
328 CRANDON BLVD #105
KEY BISCAVNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

7/15/08 305 3611720