

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057074

Entity Name: FACETTE USA, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

2000 SOUTH DIXIE HIGHWAY, SUITE 100-M
MIAMI, FL 33133

New Principal Place of Business:

20515 EAST COUNTRY CLUB DRIVE
548
AVENTURA, FL 33180

Current Mailing Address:

2000 SOUTH DIXIE HIGHWAY, SUITE 100-M
MIAMI, FL 33133

New Mailing Address:

20515 EAST COUNTRY CLUB DRIVE
548
AVENTURA, FL 33180

FEI Number: 26-0539516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUYSMAN, MICHEL
2000 SOUTH DIXIE HIGHWAY, SUITE 100-M
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

HUYSMAN, MICHEL
2000 SOUTH DIXIE HIGHWAY, SUITE 106
MIAMI, FL 33133 US

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: MICHEL HUYSMAN

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUYSMAN, MICHEL
Address: 2000 SOUTH DIXIE HIGHWAY, SUITE 100-M
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: OLIVERO, STEPHANE
Address: 14 RUE GORDE
City-St-Zip: 13010 MARSEILLE FRANCE,

ADDITIONS/CHANGES:

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: STEPHANE OLIVERO

MGR

03/23/2009

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