## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063304

Entity Name: U.S. INVESTMENT GROUP, LLC

**FILED** Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2121 PONCE DE LEON BLVD. **SUITE 1050** CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

2121 PONCE DE LEON BLVD. **SUITE 1050** CORAL GABLES, FL 33134

FEI Number: 20-3064285 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD. **SUITE 1050** CORAL GABLES, FL 33134 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:

Name:

Electronic Signature of Registered Agent Date

Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

SUAREZ, OSCAR Address: 2121 PONCE DE LEON BLVD., #1050 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: LEIVA, MYRIAM Name: Address: 2121 PONCE DE LEON BLVD., #1050 Address: City-St-Zip: CORAL GABLES, FL 33134 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: OSCAR SUAREZ **MGRM** 04/15/2009