

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090592

FILED
Jan 20, 2009
Secretary of State

Entity Name: MENDOL USA MANAGEMENT LLC

Current Principal Place of Business:

3010 RAVENSWOOD ROAD
#2
DANIA BEACH, FL 33312

New Principal Place of Business:

Current Mailing Address:

3010 RAVENSWOOD ROAD
2
DANIA BEACH, FL 33312

New Mailing Address:

FEI Number: 20-3466445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER OLIVEIRA, SUSAN-JANE
3010 RAVENSWOOD ROAD
2
DANIA BEACH, FL 33312 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: MGR () Delete
Name: MENDES DE OLIVIERA, NUNO MIGUEL
Address: 3010 RAVENSWOOD ROAD # 2
City-St-Zip: DANIA BEACH, FL 33312

Title: MGR () Delete
Name: COOPER OLIVIERA, SUSAN-JANE
Address: 3010 RAVENSWOOD ROAD # 2
City-St-Zip: DANIA BEACH, FL 33312

Title: MGR () Delete
Name: COOPER, ANDREW
Address: 3010 RAVENSWOOD ROAD # 2
City-St-Zip: DANIA BEACH, FL 33312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN-JANE COOPER OLIVEIRA

VP

01/20/2009

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