

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 26, 2008 08:00 AM  
Secretary of State

DOCUMENT # L05000110492

1. Entity Name  
ATW USA LLC



Principal Place of Business  
8220 NW 30TH TERRACE  
MIAMI, FL 33122 US

Mailing Address  
8220 NW 30TH TERRACE  
MIAMI, FL 33122 US



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0559578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEAL, MARCELO V  
8220 NW 30TH TERRACE  
MIAMI, FL 33122

**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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000870024  
04/09/08-80073-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEAL, MARCELO V
STREET ADDRESS	8220 NW 30TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	MGR
NAME	FEDERICO, CRISTIANO
STREET ADDRESS	8220 NW 30TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33122

TITLE	MGR
NAME	FEDERICO, OSVALDO JR.
STREET ADDRESS	8220 NW 30TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33122

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 #

03/24/08 (305) 594-6607