

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117009

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

**Entity Name:** AMICORP U.S. DIRECTOR SERVICES LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE  
SUITE 2310  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE  
SUITE 2310  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 56-2634743      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

AMICORP SERVICES LTD.  
1001 BRICKELL BAY DRIVE  
SUITE 2310  
MIAMI,, FL 33131 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:** MGRM ( ) Delete  
**Name:** ALONSO, TOMAS  
**Address:** 1001 BRICKELL BAY DRIVE, SUITE 2310  
**City-St-Zip:** MIAMI, FL 33131

**ADDITIONS/CHANGES:**

**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: TOMAS ALONSO

MGRM

01/15/2009

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