

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053590

FILED
Jan 19, 2009
Secretary of State

Entity Name: FIL IN USA, LLC

Current Principal Place of Business:

2748 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

New Principal Place of Business:

2535 UNIVERSITY BLVD., WEST
JACKSONVILLE, FL 32217

Current Mailing Address:

P. O. BOX 56164
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 13-4334736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUPTA, ANAND S
2729 FOREST CIRCLE
JACKSONVILLE, FL 32257 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: GUPTA, ANAND S
Address: 2729 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: ORALLO, BALTAZAR H JR.
Address: 7757 WATERMARK LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: TOLEDO, QUIRINO
Address: 7757 WATERMARK LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

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: ANAND S GUPTA

CEO

01/19/2009

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