

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071653

Entity Name: BRICAN AMERICA, LLC

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

5301 BLUE LAGOON  
SUITE 520  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5301 BLUE LAGOON  
SUITE 520  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 20-5310707      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HART, BRIAN A  
2333 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134      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: VINCENS, JEAN-FRANCOIS  
Address: 7458 SW 52 AVENUE  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM ( ) Delete  
Name: LEMACON, JACQUES  
Address: 6260 CORAL LAKE DRIVE  
City-St-Zip: MIAMI, FL 33155 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VINCENS, JEAN-FRANCOIS  
Address: 330 DOLIAS COURT  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM (X) Change ( ) Addition  
Name: LEMACON, JACQUES  
Address: 6550 SW 75TH TERRACE  
City-St-Zip: MIAMI, FL 33143 US

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: JACQUES LEMACON

MGRM

03/25/2009

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