

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092986

FILED
May 12, 2009
Secretary of State

Entity Name: PINNACLE PRODUCTS USA, LLC

Current Principal Place of Business:

17400 GULF BLVD C7
REDINGTON SHORES, FL 33708 US

New Principal Place of Business:

17400 GULF BLVD
C-7
REDINGTON SHORES, FL 33708 US

Current Mailing Address:

17400 GULF BLVD C7
REDINGTON SHORES, FL 33708 US

New Mailing Address:

17400 GULF BLVD
C-7
REDINGTON SHORES, FL 33708 US

FEI Number: 20-5628504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMONE, STEPHEN CPA
6439 CENTRAL AVENUE
SAINT PETERSBURG, FL 337108411 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: MCGRATH, MARY
Address: 17400 GULF BLVD. C7
City-St-Zip: REDINGTON SHORES, FL 33708 US

Title: MGRM () Delete
Name: EDGINGTON, RANDALL
Address: 17400 GULF BLVD. C7
City-St-Zip: REDINGTON SHORES, FL 33708 US

ADDITIONS/CHANGES:

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: MARY MCGRATH

MGR

05/12/2009

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