

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094498

Entity Name: I.R.T. USA, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

2 S BISCAYNE BLVD, STE 1900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 S BISCAYNE BLVD, STE 1900  
MIAMI, FL 33131 US

**New Mailing Address:**

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

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

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: VAN HALL, ADRIANA C  
Address: 100 SE 2ND STREET, SUITE 1600  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete  
Name: MADRID-MALO, GUSTAVO A  
Address: 100 SE 2ND STREET, SUITE 1600  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VAN HALL, ADRIANA C  
Address: TWO S. BISCAYNE BLVD., SUITE 1900  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Change ( ) Addition  
Name: MADRID-MALO, GUSTAVO A  
Address: TWO S. BISCAYNE BLVD., SUITE 1900  
City-St-Zip: MIAMI, FL 33131 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: ADRIANA C. VAN HALL

MGRM

04/22/2009

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