

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045609

Entity Name: GRUPO SKIES USA, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

2875 N.E. 191 STREET, SUITE 800
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2875 N.E. 191 STREET, SUITE 800
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-0173785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: GILINSKI, ABRAHAM
Address: 2875 N.E. 191 STREET, SUITE 800
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: GILINSKI, MOISES
Address: 2875 N.E. 191 STREET, SUITE 800
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: IASLOVITS, MICHAEL
Address: 2875 N.E. 191 STREET, SUITE 800
City-St-Zip: AVENTURA, FL 33180

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: ABRAHAM GILINSKI

MGR

03/26/2009

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