

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060360

Entity Name: LIPSMART USA, LLC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6855 LYONS TECHNOLOGY CIRCLE
SUITE # 1
COCONUT CREEK, FL 33073 US

Current Mailing Address:

PO BOX 880088
BOCA RATON, FL 33488 US

New Principal Place of Business:

3950 WEST HILLSBORO BLVD.
1315
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 26-0455801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERD AGENTS, LLC
201 S. BISCAYNE BLVD.
SUITE 1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GUZMAN & GUZMAN
9130 SOUTH DADELAND BLVD.
SUITE 1600
MIAMI, FL 33156 US

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: ALBERTO GUZMAN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JB KELLY, LLC.
Address: 9835 WEST BROADVIEW DRIVE
City-St-Zip: BAY HARBOUR ISLAND, FL 33154 US

Title: MGRM (X) Delete
Name: TRESKO II, LLC
Address: 6855 LYONS TECHNOLOGY CIRCLE
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRESKO HOLDINGS, LLC
Address: PO BOX 880088
City-St-Zip: BOCA RATON, FL 33488 US

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: WILLIAM C. GERBER

MGRM

04/30/2009

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