

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099500

Entity Name: ASIATOWNUSA, LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

2907 BRITTANY BLUFF DRIVE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2907 BRITTANY BLUFF DRIVE
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 26-1154242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASILVA, ANTONIO R
2907 BRITTANY BLUFF DRIVE
ORANGE PARK, FL 32073 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: DASILVA, ANTONIO R
Address: 2907 BRITTANY BLUFF DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Delete
Name: SHETTY, DAYA M
Address: C/O DASILVA, 2907 BRITTANY BLUFF DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Delete
Name: SHETTY, REKHA
Address: C/O DASILVA 2907 BRITTANY BLUFF DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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: ANTONIO R. DASILVA

MR.

04/26/2009

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