

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002262

Entity Name: USA TOOLS DISTRIBUTORS, LLC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

7855 N.W. 12 STREET
SUITE 105
DORAL, FL 33126

New Principal Place of Business:

3300 SW 149 AVENUE
MIAMI, FL 33185

Current Mailing Address:

7855 N.W. 12 STREET
SUITE 105
DORAL, FL 33126

New Mailing Address:

3300 SW 149 AVENUE
MIAMI, FL 33185

FEI Number: 26-1610679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCH, LAURA A
7855 N.W. 12 STREET
SUITE 105
DORAL, FL 33126 US

Name and Address of New Registered Agent:

ESCOBAR, LAURA A
3300 SW 149 AVENUE
MIAMI, FL 33185 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: LAURA A ESCOBAR

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: MARCH, LAURA A
Address: 7855 N.W. 12 STREET, # 105
City-St-Zip: DORAL, FL 33126

Title: MGMR () Delete
Name: GALLEGOS, OSCAR E
Address: 7855 N.W. 12 STREET, # 105
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: ESCOBAR, LAURA A
Address: 3300 SW 149 AVENUE
City-St-Zip: MIAMI, FL 33185

Title: MGMR (X) Change () Addition
Name: GALLEGOS, OSCAR E
Address: 3300 SW 149 AVENUE
City-St-Zip: MIAMI, FL 33185

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: LAURA A ESCOBAR

MGMR

04/20/2009

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