

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009134

Entity Name: SEE MY CAR USA LLC

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

2240 WINSLOW CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

931 N STATE ROAD 434
SUITE 1201, BOX 190
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-1821053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIMKEVICS, JURIS
2240 WINSLOW CIRCLE
CASSELBERRY, FL 32707 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: RIMKEVICS, JURIS
Address: 931 N STATE ROAD 434, SUITE 1201, BOX 190
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: PINO, MARIO J
Address: 931 N STATE ROAD 434, SUITE 1201, BOX 190
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete
Name: KOZHIKOTTE, JAYAKUMAR
Address: 931 N STATE ROAD 434, SUITE 1201, BOX 190
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JURIS RIMKEVICS

MGRM

04/09/2009

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