

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043310

Entity Name: HIRSANA USA, LLC

FILED  
Apr 03, 2009  
Secretary of State

## Current Principal Place of Business:

9324 NW 48TH DORAL TERRACE  
DORAL, FL 33178

## New Principal Place of Business:

3801 NW 97 AVENUE  
SUITE 100  
DORAL, FL 33178

## Current Mailing Address:

9324 NW 48TH DORAL TERRACE  
DORAL, FL 33178

## New Mailing Address:

3801 NW 97 AVENUE  
SUITE 100  
DORAL, FL 33178

FEI Number: 26-2596074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WASSERSTROM, KEITH  
5011 S STATE RD 7  
SUITE 106  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

BAUMANN, MICHELLE  
3801 NW 97 AVENUE  
SUITE 100  
DORAL, FL 33178 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: MICHELLE BAUMANN

04/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BAUMANN, HANS R  
Address: 9324 NW 48TH DORAL TERRACE  
City-St-Zip: DORAL, FL 33178

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BAUMANN, MICHELLE  
Address: 3801 NW 97 AVENUE, STE 100  
City-St-Zip: DORAL, FL 33178

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: MICHELLE BAUMANN

MGRM

04/03/2009

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