

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056555

Entity Name: USIPN LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

391 WEST MACCLENNY AVE.  
MACCLENNY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

391 WEST MACCLENNY AVE.  
MACCLENNY, FL 32063 US

**New Mailing Address:**

FEI Number: 80-0430084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARIKH, ANKUR A  
1509 CULLAIG CT.  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

PARIKH, ANKUR A  
1509 CULLAIG CT.  
ST. JOHNS, FL 32259 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: ANKUR A PARIKH

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PARIKH, ANKUR A  
Address: 1509 CULLAIG CT.  
City-St-Zip: ST. JOHNS, FL 32259 US

Title: MGRM  
Name: MAMTORA, VIPUL B  
Address: 1360 ROBERTS RD.  
City-St-Zip: ST. JOHNS, FL 32259 US

Title: MGRM  
Name: SHAH, ARPIT A  
Address: 2617 PECAN PL.  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby 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: ARPIT M. SHAH

MGRM

04/25/2011

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