

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070229

FILED
Sep 09, 2009
Secretary of State

Entity Name: CONESA USA, LLC.

Current Principal Place of Business:

16711 COLLINS AVENUE, UNIT TS-04
MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16711 COLLINS AVENUE, UNIT TS-04
MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 32-0258473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SUAREZ VEGA & ASSOCIATES, INC.
25 SE 2 AVE
410
MIAMI, FL 33131 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: JOSE M VEGA, SECRETARY

09/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CALAFIORE, JOSE R
Address: 16711 COLLINS AVENUE, UNIT TS-04
City-St-Zip: MIAMI BEACH, FL 33160

Title: ST () Delete
Name: PERUCHO, INES
Address: 16711 COLLINS AVENUE, UNIT TS-04
City-St-Zip: MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

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: JOSE R CALAFIORE

MGR

09/09/2009

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