

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000114308

Entity Name: USACART, LLC

**FILED**  
**Jul 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

515 E PARK AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

515 E PARK AVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS INC  
515 E PARK AVE  
TALLAHASSEE, FL 32301 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: MGR  
Name: ARTEIRO, JORGE MAURO  
Address: GREENBERG C/O M. FONTE 1221 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: MRG  
Name: LIMA DE OLIVEIRA, ABNER  
Address: GREENBERG C/O M. FONTE 1221 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: LOPES RODRIGUES, LUCIO MARIO  
Address: GREENBERG C/O M. FONTE 1221 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: QUEIROZ, CLAUDIO MARCIO  
Address: GREENBERG C/O M. FONTE 1221 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: DA SILVA MOHAMAD, ALBERTO LUIS  
Address: GREENBERG C/O M. FONTE 1221 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

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: JORGE MAURO BARJA ARTEIRO

MRG

07/29/2010

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