

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114308

Entity Name: USACART, LLC

FILED  
Apr 05, 2012  
Secretary of State

## Current Principal Place of Business:

515 E PARK AVE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

515 E PARK AVE  
TALLAHASSEE, FL 32301 US

## Current Mailing Address:

515 E PARK AVE  
TALLAHASSEE, FL 32301

## New Mailing Address:

515 E PARK AVE  
TALLAHASSEE, FL 32301 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## 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: GT C/O M. FONTES 333 AV OF THE AMERICAS  
City-St-Zip: MIAMI, FL 33131

Title: MRG  
Name: LIMA DE OLIVEIRA, ABNER  
Address: GT C/O M. FONTES 333 AV OF THE AMERICAS  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: LOPES RODRIGUES, LUCIO MARIO  
Address: GT C/O M. FONTES 333 AV OF THE AMERICAS  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: QUEIROZ, CLAUDIO MARCIO  
Address: GT C/O M. FONTES 333 AV OF THE AMERICAS  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: DA SILVA MOHAMAD, ALBERTO LUIS  
Address: GT C/O M. FONTES 333 AV OF THE AMERICAS  
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: ABNER LIMA DE OLIVEIRA

MRG

04/05/2012

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