

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115750

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** MULTI AXIAL LLC

**Current Principal Place of Business:**

1590 LA COSTA DRIVE WEST  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

1590 LA COSTA DRIVE WEST  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

**FEI Number:** 27-3893072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABELLO, GUILLERMO  
1590 LA COSTA DRIVE WEST  
PEMBROKE PINES, FL 33027 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:** MGRM  
**Name:** ABELLO, GUILLERMO  
**Address:** 1590 LA COSTA DRIVE WEST  
**City-St-Zip:** PEMBROKE PINES, FL 33027 US

**Title:** MGRM  
**Name:** ARMANO, MARTA N  
**Address:** ERNESTO DE LAS CARRERAS 55 -SAN ISIDRO  
**City-St-Zip:** BUENOS ARIES, ARGENTINA, AR

**Title:** MGRM  
**Name:** BOSSO, JORGE ENRIGUE  
**Address:** NASSER 2440 DTO 5 PROVINCIA DE  
**City-St-Zip:** BUENOS AIRES, ARGENTINA, AR

**Title:** MGRM  
**Name:** SABASTIAN ALVARAZ, MIGUEL  
**Address:** CALLE 113 NO 2977 PROVINCIA DE  
**City-St-Zip:** BUENOS AIRES, ARGENTINA, AR

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:** GUILLERMO ABELLO

MGRM

02/18/2011

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