

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003913

Entity Name: US MAMMO, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

100 COLONY SQUARE  
1175 PEACHTREE STREET, SUITE 1425  
ATLANTA, GA 30361

**New Principal Place of Business:**

**Current Mailing Address:**

100 COLONY SQUARE  
1175 PEACHTREE STREET, SUITE 1425  
ATLANTA, GA 30361

**New Mailing Address:**

FEI Number: 20-4291760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: FERRARO, FRANK  
Address: 1175 PEACHTREE STREET, SUITE 1425  
City-St-Zip: ATLANTA, GA 30361

Title: MGR  
Name: PRETORIUS, SCOTT  
Address: 1175 PEACHTREE STREET, SUITE 1425  
City-St-Zip: ATLANTA, GA 30361

Title: MGR  
Name: ROCHE, ROBERT  
Address: 1175 PEACHTREE STREET, SUITE 1425  
City-St-Zip: ATLANTA, GA 30361

Title: MGR  
Name: GARRISON, MARTHA  
Address: 1175 PEACHTREE STREET, SUITE 1425  
City-St-Zip: ATLANTA, GA 30361

Title: MGR  
Name: MCALLISTER, ASHFORD  
Address: 1175 PEACHTREE STREET, SUITE 1425  
City-St-Zip: ATLANTA, GA 30361

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: MARK STEVENS

COO

04/30/2010

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