

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 01, 2009  
Secretary of State**

DOCUMENT# L08000034539

Entity Name: SARAY USA, LLC

**Current Principal Place of Business:**

17100 COLLINS AVENUE  
# 103  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

17100 COLLINS AVENUE  
# 103  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

FEI Number: 26-2355824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COOPER, GLENN M  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
FORT LAUDERDALE, 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: MGRM ( ) Delete  
Name: ALESSANDRA, BURATTINI  
Address: 17100 COLLINS AVENUE, #103  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: AZERRAF, PROSPER  
Address: 17100 COLLINS AVENUE, #103  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: ALESSANDRA BURATTINI

MGRM

10/01/2009

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