

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000003722

**Entity Name:** AREAS USA MCO, LLC**Current Principal Place of Business:**5301 BLUE LAGOON DRIVE, SUITE 690  
MIAMI, FL 33126**Current Mailing Address:**5301 BLUE LAGOON DRIVE, SUITE 690  
MIAMI, FL 33126**FEI Number:** 26-1913147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBARA, RICHARD LESQ.  
ALVAREZ, ALMAZAN & BARBARA, LLP  
2701 SOUTH BAYSHORE DRIVE, SUITE 305  
MIAMI, FL 33133 US*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

**Authorized Person(s) Detail :**

Title	CEO
Name	RABELL, XAVIER
Address	5301 BLUE LAGOON DRIVE, SUITE 690
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	URIBE, EDUARDO
Address	5301 BLUE LAGOON DRIVE, SUITE 690
City-State-Zip:	MIAMI FL 33128

Title	MGRM
Name	RABELL, XAVIER
Address	5301 BLUE LAGOON DRIVE, SUITE 690
City-State-Zip:	MIAMI FL 33128

Title	VP
Name	NEGRON, ROBERT
Address	5301 BLUE LAGOON DRIVE, SUITE 690
City-State-Zip:	MIAMI FL 33128

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDUARDO URIBE, GMM

VP

03/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date