

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000055334

Entity Name: MP-VG USA LLC**Current Principal Place of Business:**5321 INDIAN CREEK DR
ORLANDO, FL 32811**Current Mailing Address:**PO BOX 0280
WINDERMERE, FL 34786-0280 US**FEI Number:** 27-2921212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAROFALO, MAURO Z
5321 INDIAN CREEK DR
ORLANDO, FL 32811 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:** MAURO Z GAROFALO

03/01/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--------------------------|
| Title | MGRM |
| Name | GAROFALO, MAURO Z |
| Address | PO BOX 0280 |
| City-State-Zip: | WINDERMERE FL 34786-0280 |

| | |
|-----------------|------------------------------|
| Title | MGRM |
| Name | SACCA DE GAROFALO, ANA PAULA |
| Address | PO BOX 0280 |
| City-State-Zip: | WINDERMERE FL 34786-0280 |

| | |
|-----------------|--------------------------|
| Title | MGR |
| Name | DE GAROFALO, VICTOR S |
| Address | PO BOX 0280 |
| City-State-Zip: | WINDERMERE FL 34786-0280 |

| | |
|-----------------|--------------------------|
| Title | MGR |
| Name | DE GAROFALO, GUSTAVO S |
| Address | PO BOX 0280 |
| City-State-Zip: | WINDERMERE FL 34786-0280 |

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAURO Z GAROFALO

MGRM

03/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date