

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000107954

Entity Name: DERMACOCONUT USA, LLC

Current Principal Place of Business:

6499 N. POWERLINE RD. SUITE 101
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6499 N. POWERLINE RD. SUITE 101
FORT LAUDERDALE, FL 33309

FEI Number: 45-3568945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE AZEVEDO NETO, ALINIO CUNHA
3802 NE 207 STREET
SUITE 1001
AVENTURA, FL 33180 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 MGRM
Name DE AZEVEDO NETO, ALINIO CUNHA
Address 3802 NE 207 STREET
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name DE AZEVEDO, HAROLDO C
Address 3802 NE 207 STREET
City-State-Zip: AVENTURA FL 33180

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: ALINIO CUNHA DE AZEVEDO NETO

MGRM

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date