LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 28, 2003 8:00 am
Secretary of State
03-27-2003 90013 020 ****50.00

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DOCUMENT # L02000035074

1. Entity Name

LE TRADE, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
275 Commercial Blvd.	
Suite, Apt. #, etc.: 280	Suite, Apt. #, etc.
City & State: Lauderdale By The Sea, FL.	City & State
Zip: 33308 Country: USA	Zip Country

4. FEI Number: 47-0906110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: KARI LAIHONEN

Street Address (P.O. Box Number is Not Acceptable): 275 Commercial Blvd, suite 280

City: Lauderdale By The Sea FL Zip Code: 33308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 03/03/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	~~PRESIDENT - MEMBER~~ MANAGER
NAME	KARI LAIHONEN
STREET ADDRESS	275 Commercial Blvd, suite 280
CITY-ST-ZIP	Lauderdale By The Sea, FL. 33308
TITLE	~~MEMBER~~ MANAGING MEMBER
NAME	MAURI MAKIRANTA
STREET ADDRESS	275 Commercial Blvd, suite 280
CITY-ST-ZIP	Lauderdale By The Sea, FL. 33308
TITLE	
NAME	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X Kari Laihonen - Member 3/3/2003 954-772-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #