

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023888

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** TAFT TRADING GROUP, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134

**New Mailing Address:**

2121 PONCE DE LEON BLVD  
240  
CORAL GABLES, FL 33134 US

FEI Number: 47-0955423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRAST FERNANDEZ & CO, PA  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

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

PRATS FERNANDEZ & CO, PA  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 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: GABRIEL PRATS

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEVY, JIMMY  
Address: 2121 PONCE DE LEON BLVD STE 240  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEVY, JIMMY  
Address: 2121 PONCE DE LEON BLVD STE 240  
City-St-Zip: CORAL GABLES, FL 33134 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: JIMMY LEVY

MGR

04/24/2009

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