

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 011 ****50.00

DOCUMENT # L02000012399					
1. Entity Name LRC EAST COAST TRADING, LLC					
Principal Place of Business 2955 STATE ROAD 84, SLP-23 FT. LAUDERDALE, FL 33312			Mailing Address 2955 STATE ROAD 84, SLP-23 FT. LAUDERDALE, FL 33312		
2. Principal Place of Business 2955 W. State Road 84 Suite, Apt. #, etc.		3. Mailing Address 2955 W. State Road 84 Suite, Apt. #, etc.		24001995 	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL		4. FEI Number 75-3060522	
Zip 33312		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLER, CLAUDIA 5559 NASSAU DR. BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 DATE <u>1/13/04</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME DONGO, JULIO E STREET ADDRESS 5559 NASSAU DR. CITY-ST-ZIP BOCA RATON, FL 33487	☐ Delete		TITLE MGRM NAME DONGO, JULIO E. STREET ADDRESS 5559 NASSAU DRIVE CITY-ST-ZIP BOCA RATON, FL 33487	☒ Change ☐ Addition	
TITLE MGRM NAME MULLER, CLAUDIA STREET ADDRESS 5559 NASSAU DR. CITY-ST-ZIP BOCA RATON, FL 33487	☐ Delete		TITLE MGRM NAME MULLER, CLAUDIA STREET ADDRESS 5559 NASSAU DRIVE CITY-ST-ZIP BOCA RATON FL 33487	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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			DATE <u>1/13/04</u> DAYTIME PHONE # <u>954-583-8422</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Claudia Muller Dongo					