

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000063942	
1. Entity Name SGN FX TRADING, LLC	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -7 AM 10:33

Principal Place of Business 200 LINDELL BLVD. #904 DELRAY BEACH, FL 33483	Mailing Address 200 LINDELL BLVD. #904 DELRAY BEACH, FL 33483
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11192007 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For ☒ Not Applicable
---------------	---

5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent	
NEWCOM, SCOTT G 200 LINDELL BLVD. #904 DELRAY BEACH, FL 33483	

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 Scott G. Newcom (NOTE: Registered Agent signature required when reinstating) DATE 11/19/2007

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
--	--

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWCOM, SCOTT G 200 LINDELL BLVD DELRAY BEACH, FL 33483 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300112586103 11/27/07--01003--013 ***155.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT
2007
Alt

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Scott G. Newcom DATE 11/19/2007 DAYTIME PHONE # 561-251-9175