

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-25-2008 90137 031 ***138.75

DOCUMENT # L05000101609

1. Entity Name
ABBOUD TRADING COMPANY, LLC



Principal Place of Business
1401 NW 88TH AVE.
MIAMI, FL 33172

Mailing Address
1401 NW 88TH AVE.
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



03112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3742118

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOMAR ACCOUNTING, PA
7777 NW 146TH ST
MIAMI LAKES, FL 33016

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABBOUD, GHASSAN
5442 NW 110 Ave.
DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABBOUD, ROGER
11347 NW 68TH ST.
DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/10/08

Date

Daytime Phone #