## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000003415

1. Entity Nam

DOMESTIC AND INTERNATIONAL PRODUCT TRADING,



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

5321 MEMORIAL HWY TAMPA, FL 33634 Mailing Address

5321 MEMORIAL HWY TAMPA, FL 33634



04092008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4.	FEI Number
	20-0588540

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLER, WESLEY T 5321 MEMORIAL HWY TAMPA, FL 33634

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligation	e named entity submits this statement for the purpose of chai tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
	Signature, турео от рязнао палне от гариация о адент, его пла и аррисаоче.	(NOTE: Registered Agent signature required when fevralisting)
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	U00000909345 05/06/08-80090-004 138.75
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILLER, WESLEY T 5221 MEMORIAL HWY TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE