

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064610

Entity Name: AMBIENCE TRADING LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

11555 HERON BAY BLVD
SUITE 200
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

4143 CASCADE TERRACE
WESTON, FL 33332 US

Current Mailing Address:

11555 HERON BAY BLVD
SUITE 200
CORAL SPRINGS, FL 33076 US

New Mailing Address:

4143 CASCADE TERRACE
WESTON, FL 33332 US

FEI Number: 70-1985012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAM, LALCHANDANI
4143 CASCADE TERRACE
WESTON, FL 33332 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: RAM LALCHANDANI

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LALCHANDANI, RAM
Address: 11555 HERON BAY BLVD, SUITE 200
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGR (X) Delete
Name: LALCHANDANI, NAVIN
Address: 11555 HERON BAY BLVD, SUITE 200
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: LALCHANDANI, RAM
Address: 4143 CASCADE TERRACE
City-St-Zip: WESTON, FL 33332 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAM LALCHANDANI

PRES

04/22/2009

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