

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/4

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-04-2003 90157 043 ****55.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3060522

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROBERT K. BROOKS, PLC
370 W. CAMINO GARDENS, STE. 210
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Claudia Muller

Street Address (P.O. Box Number is Not Acceptable)

5559 Nassau Drive

City

BOCA RATON

FL

Zip Code

33487

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 of person or persons authorized to act as registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 26, 2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRH	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JULIO E. DONGO		NAME		☐ Change ☐ Addition
STREET ADDRESS	5559 Nassau Drive		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33487		CITY-ST-ZIP		
TITLE	MGRH	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLAUDIA MULLER		NAME		☐ Change ☐ Addition
STREET ADDRESS	5559 Nassau Drive		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33487		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JULIO E. DONGO MGRH** **Feb. 26, 2003 (56) 716-5463**
988-3118

CR2E083 (10/02)