FT LAUDERDAL	LE, FL 33301			
	ing Address:			
2401 CASTIL FT LAUDERI	LLA ISLE DALE, FL 33301 US			
FEI Number:	: 82-5098756		Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
LESHNER, DAV				
2401 CASTILLA	ISLE LE, FL 33301 US			
2401 CASTILLA FT LAUDERDAL		stered office or regis	tered agent, or both, in the State of Florida.	
2401 CASTILLA FT LAUDERDAL The above named	E, FL 33301 US	stered office or regis	tered agent, or both, in the State of Florida. $02/24/2$	2020
2401 CASTILLA FT LAUDERDAL The above named	E, FL 33301 US entity submits this statement for the purpose of changing its regis	stered office or regis	• • • • •	
2401 CASTILLA FT LAUDERDAL The above named	E, FL 33301 US entity submits this statement for the purpose of changing its regis : DAVID B. LESHNER Electronic Signature of Registered Agent	stered office or regis	02/24/2	
2401 CASTILLA FT LAUDERDAL The above named SIGNATURE	E, FL 33301 US entity submits this statement for the purpose of changing its regis : DAVID B. LESHNER Electronic Signature of Registered Agent	stered office or regis	02/24/2	
2401 CASTILLA FT LAUDERDAL The above named SIGNATURE Officer/Direc	E, FL 33301 US entity submits this statement for the purpose of changing its regis : DAVID B. LESHNER Electronic Signature of Registered Agent ctor Detail :		02/24/2 Date	
2401 CASTILLA FT LAUDERDAL The above named SIGNATURE Officer/Direc Title	 E, FL 33301 US entity submits this statement for the purpose of changing its regis DAVID B. LESHNER Electronic Signature of Registered Agent Ctor Detail : P, D 	Title	02/24/2 Date	

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000031806

Entity Name: TRADER DAVE, INC.

Current Principal Place of Business:

2401 CASTILLA ISLE FT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADRIANNE MITTENTAG

SECRETARY

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 24, 2020 Secretary of State 3338194722CC