

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020573

**Entity Name:** LIQUIDNET US LLC

**Current Principal Place of Business:**

6750 NORTH ANDREWS AVE  
SUITE 200  
FORT LAUDERDALE, FL 33009

**Current Mailing Address:**

6750 NORTH ANDREWS AVE  
SUITE 200  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 26-2491101

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLASKOV, NIKOLAY  
6750 NORTH ANDREWS AVE  
SUITE 200  
FORT LAUDERDALE, FL 33009 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLASKOV, NIKOLAY  
Address 13 CRAIGLEITA, 7 KERSFIELD ROAD  
City-State-Zip: LONDON SW 153 HN UK

Title MGRM  
Name BLASKOFF, KALIN  
Address 13 CRAIGLEITA, 7 KERSFIELD ROAD  
City-State-Zip: LONDON SW 153 HN UK

Title MANAGER  
Name PAVLOV, DIMITAR  
Address 6750 NORTH ANDREWS AVE  
SUITE 200  
City-State-Zip: FORT LAUDERDALE FL 33009

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIKOLAY BLASKOV

**MANAGER**

**04/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date