

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203736

**Entity Name:** OILFLOWER TRADING, LLC.**Current Principal Place of Business:**1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131**Current Mailing Address:**1221 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US**FEI Number:** 82-3025392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVIES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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:** ANTONIO GARCIA

03/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | MURGAS, CARLOS R             |
| Address         | 789 CRANDON BLVD., APT. 1606 |
| City-State-Zip: | KEY BISCAYNE FL 33149        |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | MURGAS, MARIA V              |
| Address         | 789 CRANDON BLVD., APT. 1606 |
| City-State-Zip: | KEY BISCAYNE FL 33149        |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | MURGAS, JUAN C               |
| Address         | 789 CRANDON BLVD., APT. 1606 |
| City-State-Zip: | KEY BISCAYNE FL 33149        |

|                 |                             |
|-----------------|-----------------------------|
| Title           | MGR                         |
| Name            | MURGAS, CARLOS J            |
| Address         | 789 CRANDON BLVD., APT 1606 |
| City-State-Zip: | KEY BISCAYNE FL 33149       |

*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:** CARLOS R MURGAS

MANAGER

03/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date