2001 URIFORM BUS		m	JDN)	1					í !	
DOCUMENT # L0000014164  1. Entity Name  COSTROS TRADING 1 1 C										
COEROE TRADING, L.L.C:					FILED					
Principal Place of Business Mailing Address				01 JAN 25 PM 2: 45						
SOO E BROWARD BLVD SUITE 1620 SUITE 1620				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
FT LAUDERDALE FL 33394 FT LAUDERDALE FL 33394				·		MINIOEE,				
2. Principal Place of Business	3. Mailing Address	Mailing Address			T I INDEHNAM DAN BOMI BOMM DANK BOMM BOMM BOMM BOMM DIDOK METO BINK DIDOK (EDA 					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	City & State			4. FEI NU	7857 285			pplied For ot Applicable	]	
Zip Country	Zip Coun			5. Certificate of Status Desired   \$5.00 Addition Fee Required			litional d			
6. Name and Address of Current	Registered Agent			7. Name	and Address of Ne	w Registered A	gent			
			lame	·						
EMO CORPORATE SERVICES INC  100 NE THIRD AVE			Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1100 FT LAUDERDALE FL 33301										
			City FL Zip Code							
8. The above named enlity submits this statement for	or the purpose of changing its	registered o	ffice or register	ed agent, or	both, in the State o	of Florida.				
SIGNATURE Signature, upper or printed name of registered agent	and tiple if applicable. (NOTE	: Registered Age	ent signature required	when reinstating	)	PATE	01	<del></del>		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State										
· ·	Make Check Pa	yable to D	epartment o	1 State						
9. MANAGING MEME	BERS/MEMBERS	10.			ADDITIO	NS/CHANGES			1	
TITLE MANAGING MEMBERS	☐ Delete	TITLE					☐ Change	Addition	100/	
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TITLE MANAGING MEMBER	<u>2 33394</u> ☐ Delete	CITY-ST-Z	ZIP		**	***50.00	— <del>本本本本</del> → Change	SO 00 Addition	CRZEC	
NAME MARK COE		NAME STREET AD	ł							
	FORT LAYDEROALE FL 33394 CIT									
TITLE NAME	Delete	· · · TITLE · NAME				- /	Change ~	~ Addition `		
STREET ADDRESS  CITY-ST-ZIP	·	STREET AD					~	****		
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TIVLE	☐ Delete	TITLE			771		Change	Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET AD CITY-ST-2	l.							
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NAME STREET ADDRESS		NAME Street ad	DRESS							
CITY-ST-ZIP	n this filling does not qualify for	CITY-ST-Z		ction 110 07	(3)(i) Florida Statut	toe I further co-ti	fu that the i-	formation	1	
11 ** 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 empewared to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE:	ELABORA				DIL	2/01				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER, MAN	AGER, OR AUTH	ORIZED REPRESE	NTATIVE	Date	Day	ytime Phone #			

Daytime Phone #