

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000016021**1. Entity Name
TRANS-ATLANTIC TRADE, LLC

Principal Place of Business	Mailing Address
3601 KERNAN BOULEVARD SOUTH, #2312 JACKSONVILLE FL 32224	3601 KERNAN BOULEVARD SOUTH, #2312 JACKSONVILLE FL 32224

2. Principal Place of Business	3. Mailing Address
3601 KERNAN BOULEVARD SOUTH, Suite, Apt. #, etc. APT.# 2312	3601 KERNAN BOULEVARD SOUTH, Suite, Apt. #, etc. APT.# 2312

City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL

Zip	Country	Zip	Country
32224		32224	

4. FEI Number	Applied For
59-3687828	<input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODE BRYAN CHH FOUR SAWGRASS VILLAGE SUITE 230 PONTE VEDRA BEACH FL 32082 US	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ DATE **03/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VISSER IZAK D 3601 KERNAN BOULEVARD SOUTH, #2312 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LE ROUX THEO J 3601 KERNAN BOULEVARD SOUTH, #2312 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEMP ANDRE P 3601 KERNAN BOULEVARD SOUTH, #2312 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Andre Kemp** Mr **03/07/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)