


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

L010001

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # L01000004136

1. Entity Name
NON FERROUS TRADING LLC



Principal Place of Business
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234 UK

Mailing Address
12260 WILLOW GROVE RD
BLDG #2
CAMDEN, DE 19934

2. Principal Place of Business
35 Barrack Road

3. Mailing Address
1220 N. Market St
Ste 808

City & State
Belize City

Country
Belize

City & State
Wilmington, DE

Country
DE

03312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent
FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

7. Name and Address of New Registered Agent
Name
Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
City
Tallahassee FL Zip Code
32302

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 4-22-05

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOGLER, ALEXI 35 BARRACK ROAD BELIZE CITY BELIZA C.A., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900051661959 04/22/05--01052--023 **1850.00
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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: *[Signature]* *[Signature]* DATE 4-21-05 302-421-5752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE