

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90004 008 \*\*\*\*50.00

DOCUMENT # L01000005227

1. Entity Name



RAMSIS TRADING COMPANY, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

515 S Bellars ST

3. Mailing Address

2844 Ripton CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando - FL

4. FEI Number

04-3593852

Applied For

Not Applicable

Zip

Country

32835

Orlando

Zip

Country

32835

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name SAMY GHALY

Street Address (P.O. Box Number is Not Acceptable)

2844 Ripton CT

City

Orlando

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable.

DATE

3/10/03

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Member Manager  
NAME RAMSIS YOUSSEF  
STREET ADDRESS 2844 Ripton CT  
CITY-ST-ZIP Orlando FL

TITLE Member Manager  
NAME ALISSA GHALY  
STREET ADDRESS 2844 Ripton CT  
CITY-ST-ZIP Orlando FL

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CR2E083B (12/02)

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:

Manager

3/10/03 (407) 292-3486

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

Date

Daytime Phone #