LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90388 008 ****50.00

DOCUMENT # L01000006408

1. Entity Name

Big 99 Trading Company LLC

DO NOT WRITE IN THIS SPACE

955843

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2. Principal Place of Business	3. Mailing Address
5410 A Pioneer Park Blvd	5410 A Pioneer Park Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33634 Country: USA	Zip: 33634 Country: USA

4. FEI Number: 59-3696068 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Mitchell Lockler

Street Address (P.O. Box Number is Not Acceptable): 5410 A Pioneer Park Blvd

City: Tampa **FL** Zip Code: 33634

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: X _____ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER Mitchell Lockler 18979 Crooked Lane Lutz, FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Michael Herman 720 13th Ave North St Petersburg, FL 33701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Karen Lockler 18979 Crooked Lane Lutz, FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Esteban Correa Rolio Calle 8 (Avenida Aleman) Colonia Itzimna 97100 Merida, Yuc
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CR2E083B (12/01)

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: X Mitchell Lockler MANAGER 4-24-02 (813) 884-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #