

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90016 020 ****50.00

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

DOCUMENT #

1. Entity Name

RITOLINO TRADING, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7701 CAMINO REAL

3. Mailing Address

7701 CAMINO REAL

Suite, Apt. #, etc.

A-218

Suite, Apt. #, etc.

A-218

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

52-2313491

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33143

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MICHAEL FELDENIKRAIS, ESQ

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

201 SOUTH BISCAYNE BLVD, 34TH FLOOR, MIAMI CENTER

City MIAMI

FL

Zip Code 33131

**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.

SIGNATURE

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

3/5/2002

DATE

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
MGRM
LISSELOT RADDATZ
7701 CAMINO REAL, A-218
MIAMI, FL, 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TONY NOTARO
7701 CAMINO REAL, A-218
MIAMI, FL, 33143

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: LisseLOT Raddatz

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

3/5/02 305-9450777

Date

Daytime Phone #

CR2E083B (12/01)