

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

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90023 026 \*\*\*\*50.00

DOCUMENT # L01000013577

1. Entity Name

Corozal Trading, L.L.C.



**DO NOT WRITE IN THIS SPACE**

90148310

2. Principal Place of Business

22197 Martella Avenue

Suite, Apt. #, etc.

3. Mailing Address

22197 Martella Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-1131468

Applied For

Not Applicable

Zip

33433

Country

U.S.A.

Zip

33433

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Wayne Horwitz, C.P.A.

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

3511 West Commercial Boulevard

Suite 402

City

Fort Lauderdale

FL

Zip Code

33309

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.

7-3-03

DATE

**FEE IS \$50.00**

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

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Darren Littman  
22197 Martella Avenue  
Boca Raton, FL 33433

TITLE  
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CITY-ST-ZIP

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**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:

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

Date

Daytime Phone #

CR2E089B (12/02)