

2002 UNIFORM BUSINESS REPORT (UBR)

2. **FILED**
Apr 09, 2002 8:00 am
Secretary of State

02-25-2002 90456 001 ***200.00

DOCUMENT # L01000014972

1. Entity Name

TRADE GROUP INVESTMENTS II, LLC

Principal Place of Business

**2920 TREVI COURT
KISSIMMEE FL 34746**

Mailing Address

**2920 TREVI COURT
KISSIMMEE FL 34746**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3745570

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.
15 WEST CHURCH STREET, SUITE 203
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GL MANAGEMENT, LLC	
STREET ADDRESS	2920 TREVI COURT	
CITY-ST-ZIP	KISSIMMEE FL 34746	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PHONE: 407-935-9956
FAX: 407-935-1118

Date

Daytime Phone #

CR2E083 (9/01)