

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016858

FILED  
May 02, 2007  
Secretary of State

**Entity Name:** TRADE CONNECTION U.S.A. L.L.C.

**Current Principal Place of Business:**

506 NORTH VERONA AVE.  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

501 BALLARD RD  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 01-0697928      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CIAFARDINI, MARIO F  
501 BALLARD RD  
AVON PARK, FL 33825      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CIAFARDINI, MARIO F  
Address: 501 BALLARD RD.  
City-St-Zip: AVON PARK, FL 33825

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: AVELLEYRA, NORMA C  
Address: 501 BALLARD RD  
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO F CIAFARDINI

MGR

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date