

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90609 037 ****50.00

DOCUMENT # L01000020777

1. Entity Name

Intrepid International Trading Company LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17652 Jamestown Way

Suite, Apt. #, etc.

B

City & State

Lutz, FL

Zip

33558

Country

USA

3. Mailing Address

P.O. Box 340855

Suite, Apt. #, etc.

City & State

Tempe, FL

Zip

33694

Country

USA

80054864

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0591200

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Xia Teng (Nancy)

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

17652 B Jamestown Way

City

Lutz

FL

Zip Code

33558

**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

Xia Teng

Xia Teng, Managing Member

3/19/02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

Managing Member

NAME

Xia Teng

STREET ADDRESS

17652 B Jamestown Way

CITY-ST-ZIP

Lutz - FL - 33558

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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)(f), 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:

Xia Teng

Xia Teng

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

3/19/02

813-269-5885

Date

Daytime Phone #

CR2E083B (12/01)