

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90061 021 ****50.00

DOCUMENT # L02000000295

1. Entity Name
BROOKWOOD TRADING INTERNATIONAL, LLC



Principal Place of Business
**4000 NORTHFIELD WAY, STE. 700
ROSWELL, GA 30076**

Mailing Address
**15500 ROOSEVELT BLVD.
STE 303
CLEARWATER, FL 33760**

2. Principal Place of Business
15500 Roosevelt Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Ste 303

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

Zip
33760

Country

Zip

Country

04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
80-0023969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRONSTEIN, JOEL D
150 SECOND AVE. NORTH, STE. 1100
ST. PETERSBURG, FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RUBIN, LESLIE A
15500 ROOSEVELT BLVD #303
CLEARWATER, FL 33760** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

Leslie A Rubin **LESLIE A RUBIN**

4/22/04

727-530-0021