

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001842**

1. Entity Name  
**TRADING SYNERGIES, LLC**



Principal Place of Business  
**3625 S. WASHINGTON AVE  
TITUSVILLE, FL 32780 US**

Mailing Address  
**3625 E. WASHINGTON AVE  
TITUSVILLE, FL 32780 US**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0548538**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DUFFY, FRANCOISE C  
3625 S WASHINGTON AVE  
TITUSVILLE, FL 32780**

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

SIGNATURE \_\_\_\_\_

Signature filed on 04/23/07 at 08:00 AM by the registered agent.

NOTE: Registered Agent signature required after transferring.

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGR**  
NAME: **DUFFY, FRANCOISE**  
STREET ADDRESS: **2402 GOLF VISTA BLVD**  
CITY/STATE/ZIP: **ROCKLEDGE, FL 329556520**

TITLE: **P**  
NAME: **DUFFY, JOHN**  
STREET ADDRESS: **2402 GOLF VISTA BLVD**  
CITY/STATE/ZIP: **ROCKLEDGE, FL 329556520**

TITLE:  
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CITY/STATE/ZIP:

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STREET ADDRESS:  
CITY/STATE/ZIP:

000000735359  
05/10/07-80029-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 506, Florida Statutes.

**SIGNATURE** \_\_\_\_\_

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

**4/23/2007 (321)639.0515**