

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 010 ****50.00

DOCUMENT # L02000001842

1. Entity Name

TRADING SYNEGIES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2402 GOLF VISTA BLVD

Suite, Apt. #, etc.

3. Mailing Address

2402 GOLF VISTA BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ROCKLEDGE, FL

Zip

Country

32955-6520

City & State

ROCKLEDGE, FL

Zip

Country

32955-6520

4. FEI Number

02-0548538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANCOISE DUFFY

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

2402 GOLF VISTA BLVD

City

BATON ROUGE

FL

Zip Code

32955-6520

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARTNER/ MANAGER

FRANCOISE C DUFFY

2402 GOLF VISTA BLVD

ROCKLEDGE, FL 32955-6520

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARTNER

JOHN C DUFFY

2402 GOLF VISTA BLVD

ROCKLEDGE, FL 32955-6520

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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)(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 #

04/04/03 (321)266-1334

CR2E083B (12/02)