

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 012 ****50.00

DOCUMENT # L02000010504

1. Entity Name
SURPLUS TRADING POST, LLC



Principal Place of Business
**1982 AVENUE L, SUITE A
WEST PALM BEACH, FL 33404**

Mailing Address
**1982 AVENUE L, SUITE A
WEST PALM BEACH, FL 33404**

24054443



04062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0439724

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145**

**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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BERGEN, ROBERT
1982 AVENUE L, SUITE A
WEST PALM BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BERGEN, KRSTOF H
1982 AVENUE L, SUITE A
WEST PALM BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BERGEN, NORMAN
1982 AVENUE L, SUITE A
WEST PALM BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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, OR AUTHORIZED REPRESENTATIVE

4/14/04
Date

561-844-6245
Daytime Phone #