2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/4

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-04-2003 90157 043 ****55.00

DOCUMENT # L02000012399

1. Entity Name
LRC EAST COAST TRADING, LLC

Principal Place of Business	Mailing Address
2955 STATE ROAD 84, SLIP 23 FT. LAUDERDALE FL 33312	2955 STATE ROAD 84, SLIP 23 FT. LAUDERDALE FL 33312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-3060522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROBERT K. BROOKS, PLC~~
370 W. CAMINO GARDENS, STE. 210
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Claudia Muller
Street Address (P.O. Box Number is Not Acceptable) 5559 Nassau Drive
City Boca Raton FL Zip Code 33487

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] DATE Feb. 26, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	Julio E. Dongo	
STREET ADDRESS	5559 Nassau Drive	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	MGRM	☐ Delete
NAME	CLAUDIA MULLER	
STREET ADDRESS	5559 Nassau Drive	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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 REQUIRED Julio E. Dongo MGRM Feb. 26 2003 (561) 988-3118 716-5463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #