

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2004 90067 043 \*\*\*\*50.00

**DOCUMENT # L02000024326**

1. Entity Name  
**ORION TRADING, L.L.C.**



Principal Place of Business  
**3440 HOLLYWOOD BLVD. STE 360  
HOLLYWOOD, FL 33021**

Mailing Address  
**3440 HOLLYWOOD BLVD. STE 360  
HOLLYWOOD, FL 33021**

**24059258**



2. Principal Place of Business  
**18851 NE 29th Ave**

3. Mailing Address  
**18851 NE 29th Ave**

Suite, Apt. #, etc.  
**900**

Suite, Apt. #, etc.  
**900**

01092004 Chg-LLC CR2E083 (10/03)

City & State  
**Aventura FL**

City & State  
**Aventura FL**

4. FEI Number  
**74-3062975**

Applied For  
Not Applicable

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

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

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

**ROUSSO, MARK E ESQ.  
3440 HOLLYWOOD BLVD. STE 360  
HOLLYWOOD, FL 33021**

**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

**Mark Roussio**

**04/26/04**

**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  
BRAGA, FEDERICO  
3440 HOLLYWOOD BLVD. STE 360  
HOLLYWOOD, FL 33021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**18851 NE 29th Ave #900  
Aventura FL 33180**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

**Federico Braga 04/26/04 786 279 0000**