

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90031 018 ****55.00

0026772

DOCUMENT # L02000025772

1. Entity Name

LIBERTY TRADING, LLC



Principal Place of Business

515 NORTH FLAGLER DRIVE, SUITE 305
WEST PALM BEACH FL 33401

Mailing Address

515 NORTH FLAGLER DRIVE, SUITE 305
WEST PALM BEACH FL 33401

2. Principal Place of Business

445 EAST PALMETTO PARK ROAD
Suite, Apt. #, etc.

3. Mailing Address

445 EAST PALMETTO PARK ROAD
Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

03-0489577

Applied For

Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name ROBERT CALCAGNO
Street Address (P.O. Box Number is Not Acceptable)
445 EAST PALMETTO PARK ROAD
City BOCA RATON FL Zip Code 33432

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE member ☐ Delete
NAME ROBERT CALCAGNO
STREET ADDRESS 445 EAST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON, FL 33432

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

3/31/03 561-347-1021

Date

Daytime Phone #

CR2E083 (10/02)