

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90462 004 ****50.00

DOCUMENT # L02000029989

1. Entity Name
ANZAK TRADING, LLC



Principal Place of Business

16170 SW 7TH STREET
PEMBROKE PINES, FL 33027

Mailing Address

16170 SW 7TH STREET
PEMBROKE PINES, FL 33027

2. Principal Place of Business - No P.O. Box #

14900 SW 27th St

3. Mailing Address

14900 SW 27th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip
33331

Country
USA

Zip
33331

Country
USA

03132007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

76-0719198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ASHA
16170 SW 7TH STREET
PEMBROKE PINES, FL 33027

7. Name and Address of New Registered Agent

Name

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

14900 SW 27th St

City

DAVIE

FL

Zip Code

33331

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ROBERTS, ASHA A
STREET ADDRESS 16170 SW 7TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE MGR ☐ Delete
NAME ROBERTS, NICHOLAS
STREET ADDRESS 16170 SW 7TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14900 SW 27th St
CITY-ST-ZIP DAVIE FL 33331

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14900 SW 27th St
CITY-ST-ZIP DAVIE FL 33331

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Asha Roberts

ASHA ROBERTS

3/14/07

954-916-9976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #