

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90066 004 ****50.00

DOCUMENT # L02000031766

1. Entity Name

SELECT TRADE SYSTEMS, LLC



Principal Place of Business

**3700 AIRPORT ROAD, SUITE 402
BOCA RATON, FL 33431**

Mailing Address

**3700 AIRPORT ROAD, SUITE 402
BOCA RATON, FL 33431**

2. Principal Place of Business

141 NW 20th ST

3. Mailing Address

141 NW 20th ST

Suite, Apt. #, etc.

H-4

Suite, Apt. #, etc.

H-4

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

USA

Zip

33431

Country

USA

03302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

57-1138550

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional

Fee Required

6. Name and Address of Current Registered Agent

**BALAI, RODNEY
3700 AIRPORT ROAD, SUITE 402
BOCA RATON, FL 33431**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **BALAI, RODNEY**
STREET ADDRESS **3700 AIRPORT RD STE 402**
CITY-ST-ZIP **BOCA RATON, FL 33431**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Schwartz, David**
STREET ADDRESS **141 NW 20th ST. H-4**
CITY-ST-ZIP **Boca Raton FL 33431**

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

TITLE ☐ Change ☐ Addition
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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 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

DAVID SCHWARTZ

4/28/04

Date

561 391 8766

Daytime Phone #