

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90003 040 ****50.00

DOCUMENT # L03000038224

1. Entity Name
4-TRADERS TRUST, LLC



Principal Place of Business
**1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161 US**

Mailing Address
**1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161 US**

24071611



2. Principal Place of Business
1545 NE 123rd St

3. Mailing Address
1545 NE 123rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-LLC CR2E083 (10/03)

City & State
N. Miami, FL

City & State
N. Miami, FL

4. FEI Number
20-0281574

Applied For
Not Applicable

Zip
33161 Country
USA

Zip
33161 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDERSON, MARK
1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HENDERSON, MARK
1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161** ☐ Delete

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

TITLE
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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: *Mark Henderson* **Mark Henderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-04
Date

305-895-0891
Daytime Phone #