

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90029 033 ***150.00

DOCUMENT # L04000026848					
1. Entity Name SILVER FOX TRADING LLC					
Principal Place of Business 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301			Mailing Address 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">20049918</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04212005 Chg-LLC CR2E083 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1343685				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold;">20049918</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04212005 Chg-LLC CR2E083 (10/03) </div>	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301					
7. Name and Address of New Registered Agent Name: <u>Oscar Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable): <u>92 Laguna Dr.</u> City: <u>Palm Beach Gardens</u> FL Zip Code: <u>33418</u>					
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: <u>[Signature]</u> DATE: <u>4/21/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE: <u>General Manager</u> NAME: <u>OSCAR Rodriguez</u> STREET ADDRESS: <u>92 LAGUNA Dr.</u> CITY-ST-ZIP: <u>Palm Beach Gardens, FL 33418</u>	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE: <u>President</u> NAME: <u>Blanca De Rodriguez</u> STREET ADDRESS: <u>92 LAGUNA Dr.</u> CITY-ST-ZIP: <u>Palm Beach Gardens, FL 33418</u>	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete				
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 606, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>4/21/05</u> Daytime Phone #: <u>361-248-5111</u>	

OSCAR RODRIGUEZ. GM