

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044267

Entity Name: JAM TRADING LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

12816 STANWYCK CIRCLE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12816 STANWYCK CIRCLE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 20-1232234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LICEA, MICHELLE V  
12816 STANWYCK CIRCLE  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

LICEA, MICHAEL  
12816 STANWYCK CIRCLE  
TAMPA, FL 33626 US

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.

SIGNATURE: MICHAEL LICEA

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LICEA, MICHELLE  
Address: 12816 STANWYCK CIRCLE  
City-St-Zip: TAMPA, FL 33626

Title: MGR ( ) Delete  
Name: VELOZ, ALEXANDER  
Address: 12816 STANWYCK CIRCLE  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LICEA, MICHAEL  
Address: 12816 STANWYCK CIRCLE  
City-St-Zip: TAMPA, FL 33626

Title: MGR (X) Change ( ) Addition  
Name: VELOZ, MELINDA  
Address: 12816 STANWYCK CIRCLE  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL LICEA

MGRM

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date