LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

04-12-2005 90014 005 ****50.00
L04000078217

FILED 05/02/05
05 APR 25 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000078217

1. Entity Name
TRADE VILLAGE, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3400 NE 192 ST.	3400 NE 192 ST.
Suite, Apt. #, etc.: 1912	Suite, Apt. #, etc.: 1912
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: United States	Zip: 33180 Country: United States

4. FEI Number 55-0888838 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luana Nascimento Tome

Street Address (P.O. Box Number is Not Acceptable): 3400 NE 192 St., Apt. 1912

City: Aventura FL Zip Code: 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Luana Nascimento Tome 3400 NE 192 St., Apt. 1912 Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Marcelo Tome 3400 NE 192 St., Apt. 1912 Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/02)

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: _____ 04/03/05 305-318-1769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #