



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90029 033 ***138.75

DOCUMENT # L05000077347					
1. Entity Name ICS TRADING, LLC					
Principal Place of Business 8668 NAVARRE PKWY #328 NAVARRE, FL 32566 US			Mailing Address 8668 NAVARRE PKWY #328 NAVARRE, FL 32566 US		
2. Principal Place of Business - No P.O. Box # 7333 PARAGON ROAD Suite, Apt. #, etc. SUITE 100		3. Mailing Address 7333 PARAGON ROAD Suite, Apt. #, etc. SUITE 100			
City & State CENTERVILLE OHIO		City & State CENTERVILLE OHIO		4. FEI Number 04-3828626	
Zip 45459		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, THOMAS 2671 EDGEWOOD DR. NAVARRE, FL 32566			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM JIMENEZ, THOMAS 8668 NAVARRE PKWY #328 NAVARRE, FL 32566 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/24/08 9372910228 <small>Date Daytime Phone #</small>		