

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000102157

Entity Name: EUROMAX TRADE, LLC

FILED  
Oct 08, 2007  
Secretary of State

**Current Principal Place of Business:**

4632 DANSON WAY  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

19706 BLACK OLIVE LN  
BOCA RATON, FL 33498

**Current Mailing Address:**

4632 DANSON WAY  
DELRAY BEACH, FL 33445

**New Mailing Address:**

19706 BLACK OLIVE LN  
BOCA RATON, FL 33498

FEI Number: 20-3646348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STOJANOVIC, MILAN  
4632 DANSON WAY  
DELRAY BEACH, FL 33445      US

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

STOJANOVIC, MILAN  
19706 BLACK OLIVE LN  
BOCA RATON, FL 33498      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: MILAN STOJANOVIC

10/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STOJANOVIC, MILAN  
Address: 4632 DANSON WAY  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: STOJANOVIC, MILAN  
Address: 19706 BLACK OLIVE LN  
City-St-Zip: BOCA RATON, FL 33498

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: MILAN STOJANOVIC

MGR

10/08/2007

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