

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90174 026 \*\*\*\*50.00

**DOCUMENT # L05000109936**

1. Entity Name

INTERNATIONAL TRADING COMPANY L.L.C.



Principal Place of Business

1673 N. MASTERS DRIVE  
ST. AUGUSTINE FL 32084  
US

Mailing Address

1673 N. MASTERS DRIVE  
ST. AUGUSTINE FL 32084  
US

20005396



2. Principal Place of Business

1673 N. Masters Dr  
Suite, Apt. #, etc.

3. Mailing Address

same  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

St Augustine FL  
32084 St Johns

City & State

same  
32084 St Johns

Country

4. FEI Number

20-3712153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELANY, THOMAS M  
1673 N. MASTERS DRIVE  
ST. AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/06

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME

MGRM  
DELANY, THOMAS M  
1673 N. MASTERS DRIVE  
ST. AUGUSTINE FL 32084

☐ Delete

TITLE  
NAME

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10. ADDITIONS / CHANGES

TITLE  
NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

THOMAS M. Delany 1/21/06 904-669-3379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #