

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000005286

1. Entity Name
MP AMERICA TRADING, LLC



Principal Place of Business
**3963 COCOPLUM CIRCLE
UNIT E
COCONUT CREEK, FL 33063**

Mailing Address
**3963 COCOPLUM CIRCLE
UNIT E
COCONUT CREEK, FL 33063**

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALTER H. MESSICK, P.A.
1900 CORPORATE BLVD.
SUITE 200 EAST
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PACHECO, MARCELO
3963 COCOPLUM CIRCLE, UNIT E
COCONUT CREEK, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TEIXEIRA, ADRIANA
3963 COCOPLUM CIRCLE, UNIT E
COCONUT CREEK, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000958470
08/27/08-80004-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

Adriana R. Teixeira

ADRIANA R. TEIXEIRA

08/18/08

(954) 9690021

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

Date

Daytime Phone #