


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000063942	
1. Entity Name SGN FX TRADING, LLC	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -7 AM 10:33

Principal Place of Business 200 LINDELL BLVD. #904 DELRAY BEACH, FL 33483	Mailing Address 200 LINDELL BLVD. #904 DELRAY BEACH, FL 33483
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11192007 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NEWCOM, SCOTT G 200 LINDELL BLVD. #904 DELRAY BEACH, FL 33483	

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 <i>Scott G. Newcom</i>	DATE <i>11/19/2007</i>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWCOM, SCOTT G 200 LINDELL BLVD DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300112586103 11/27/07--01003--013 ***155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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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.	
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SIGNATURE: <i>Scott G. Newcom</i>	DATE: <i>11/19/2007</i>	DAYTIME PHONE: <i>561-251-9175</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		