FILED
Mar 12, 2008 8:00 am
Secretary of State
01-22-2008 90123 044 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000035102

1. Entity Name
WESTERN ATLANTIC TRADING CO., LLC

Principal Place of Business	Mailing Address
1970 MICHIGAN AVE. BLDG. E COCOA, FL 32922	1970 MICHIGAN AVE. BLDG. E COCOA, FL 32922

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7777 N. Wickham Rd		7777 N. Wickham Rd.	
Suite, Apt. #, etc.: #12-607		Suite, Apt. #, etc.: #12-607	
City & State: Melbourne, Florida		City & State: Melbourne, Florida	
Zip: 32940	Country: US	Zip: 32940	Country: US

4. FEI Number: 51-0630986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MINICLIER, JOSEPH E
1970 MICHIGAN AVE. BLDG. E
COCOA, FL 32922

7. Name and Address of New Registered Agent

Name: Joseph E. Miniclier
Street Address (P.O. Box Number is Not Acceptable): 1837 Pathfinder Way
Suite #150
City: Rockledge FL Zip Code: 32955

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] 1/16/08
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
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 MINICLIER, JOSEPH E 742 MYRTLEWOOD LANE MELBOURNE, FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~member~~ MGRM Arthur N. Alvarado 7777 N. Wickham Rd #12-607 Melbourne, FL 32940	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/16/08 321-639-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #