2008 LIMITED LIABILITY COMPANY

Mar 24, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L07000078112 1. Entity Name RRR TRADERS, LLC 03-03-2008 90406 047 ***138.75 Principal Place of Business Mailing Address 13736 S.W. 12 STREET 13736 S.W. 12 STREET MIAMI, FL 33184 US 30002719 MIAMI, FL 33184 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 26-0695893 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMSDEN, ROSA Street Address (P.O. Box Number is Not Acceptable) 13736 S.W. 12 STREET MIAMI, FL 33184 City 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. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM ШE ☐ Delete MILE ☐ Change ☐ Addition RAMSDEN, ROSA NAME NAME 13736 S.W. 12 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition RAMSDEN, FELIX NAME STREET ADDRESS 13736 S.W. 12 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP TITLE ППЕ □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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ATTACHMENT

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