

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90029 016 ***138.75

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DOCUMENT # L07000107652					
1. Entity Name SENECA TRADING LLC					
Principal Place of Business 10200 NW 25 ST, SUITE 205-1 MIAMI, FL 33172			Mailing Address 10200 NW 25 ST, SUITE 205-1 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 74-3242315				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERRANO, ANTONIO PD 2005 SW 125 CT. MIAMI, FL 33175			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
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 PD	NAME SERRANO, ANTONIO PD <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2005 SW 125 CT	CITY-ST-ZIP MIAMI, FL 33175		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <i>[Signature]</i>			4/29/08 305-695321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		