

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072606

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TOPTRADE SUPPLY, LLC

**Current Principal Place of Business:**

1280 NW 192 TERRACE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1280 NW 192 TERRACE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 26-3319916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALESSIO, INC.  
1075 NE 99TH STREET  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

ALESSIO, LLC  
1075 NE 99TH STREET  
MIAMI SHORES, FL 33138 US

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.

SIGNATURE: ALESSIO ANTONACCI

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANOLA, RICARDO A  
Address: WARNES 1849, FL, PROVINCIA DE BUENOS AIRES  
City-St-Zip: ARGENTINA, XX

Title: MGRM ( ) Delete  
Name: RODRIGUEZ ROTTA, MARIA A  
Address: RUTA NACIONAL N 5 KM 266,9 DE JULIO 6500  
City-St-Zip: PROVINCIA DE BUENOS AIRES AR, XX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICARDO A. MANOLA

PRES

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date