

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081193

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** AUTOMATED TRADING SYSTEMS LLC

**Current Principal Place of Business:**

9620 CLOVERCROFT RD.  
NOLENSVILLE, TN 37135 US

**New Principal Place of Business:**

**Current Mailing Address:**

9620 CLOVERCROFT RD.  
NOLENSVILLE, TN 37135 US

**New Mailing Address:**

**FEI Number:** 27-3167467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INSTITUTIONAL INVESTMENT SOLUTIONS LLC  
1959 TURNBERRY DRIVE  
OVIEDO, FL 32765 US

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

WILKINS, JOHN G  
195 WEKIVA SPRINGS RD  
SUITE 350  
LONGWOOD, FL 32779 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: JOHN G. WILKINS

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUCKS, STEVE B  
Address: 9620 CLOVERCROFT RD.  
City-St-Zip: NOLENSVILLE, TN 37135 US

Title: MGR  
Name: LEON, PHILIP  
Address: 195 WEKIVA SPRINGS RD. STE 350  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR  
Name: WILKINS, JOHN G  
Address: 195 WEKIVA SPRINGS RD. STE 350  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby 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: JOHN G. WILKINS

MGR

01/05/2012

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