


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000048704	
1. Entity Name SW GLOBAL TRADING LLC	

2012 NOV 20 PM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2543 WINDSORGATE LANE ORLANDO, FL 32828	Mailing Address 2543 WINDSORGATE LANE ORLANDO, FL 32828
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11202012 REIN-LLC CR2E101 (12/11)

4. FEI Number 45-1981714	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

7. Name and Address of New Registered Agent Name Franklyn Greenaway Street Address (P.O. Box Number is Not Acceptable) 2543 Windsor Gate Lane City Orlando FL Zip Code 32828

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 Franklyn Greenaway DATE 11/20/12
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENAWAY, FRANKLYN 2543 WINDSORGATE LANE ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENAWAY, FRANKLYN 2543 WINDSORGATE LANE ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100242001301 11/20/12--01016--023 **243.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
2013

J. SAULSBERRY
EXAMINER

NOV 20 2012

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: Franklyn Greenaway 11/20/12 Craig Riley 08@comcast.net
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS