

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 013 ****50.00

DOCUMENT # **L94000000183**

1. Entity Name

R+W TRADING, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9725 CRESTVIEW ST. N

Suite, Apt. #, etc.

3. Mailing Address

9725 CRESTVIEW ST. N

Suite, Apt. #, etc.

City & State

SEMINOLE

FL

City & State

SEMINOLE

FL

Zip

33772

Country

Zip

33772

Country

4. FEI Number

59-3238199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LOCASTRO, RICHARD**

Street Address (P.O. Box Number is Not Acceptable)

9725 CRESTVIEW ST. N

City

SEMINOLE

FL

Zip Code

33772

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **LOCASTRO, RICHARD MGR**
NAME
STREET ADDRESS **9725 CRESTVIEW ST. N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR**
NAME **LOCASTRO, MILDRED**
STREET ADDRESS **9725 CRESTVIEW ST. N**
CITY-ST-ZIP **SEMINOLE FL 33772**

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)