## **2008 LIMITED LIABILITY COMPANY**

## Jun 04, 2008 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # L97000000506** 06-04-2008 90254 009 \*\*\*138.75 OFFSHORE TRADING CO., L.L.C. Principal Place of Business Mailing Address 2340 PERIWINKLE WAY, UNIT M-1 2340 PERIWINKLE WAY, UNIT M-1 50006742 SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 74-2831699 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIORDANI, ROSEANNE Street Address (P.O. Box Number is Not Acceptable) 2340 PERIWINKLE WAY, UNIT M1 SANIBEL, FL 33957 City Zip Code 8. The above named entity subtitits 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 gent. SIGNATURE Signature, typed or physical name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition GRALNICK, MARVIN J NAME NAME STREET ADDRESS 648 LAKE MUREX CIRCLE STREET ADDRESS 2340 Periwinkle Way, Unit M-1 SANIBEL ISLAND, FL 33957 Sanibel, FL 33957 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE X) Change Addition GRALNICK, HELENE B NAME NAME STREET ADDRESS 648 LAKE MUREX CIRCLE STREET ADDRESS 2340 Periwinkle Way, Unit M-1 Sanibel, FL 33957 CITY-ST-ZIP SANIBEL ISLAND, FL 33957 CITY-ST-ZIP Delete TITLE TITLE X Change Addition GIORDANI, ROSEANNE NAME STREET ADDRESS 2340 PEMWINKLE WAY, UNIT M1 STREET ADDRESS 2340 Periwinkle Way, Unit M-1 Sanibel, FL 33957 SANIBEL, FL 33957 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 tracted empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

532 Ara E COLDY 5123230889 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date