File on or before May 1, 1999 or Limited	l Liability Com	pany will be				
MITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			and the second of the			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			11 fill		14 24	
Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001956						
BOOK TRADERS, LLC 77 34 SILVER BELL DRIVE, SUITE 101 SARASOTA FL 34241			1a. Principal Place of Business Address 7734 SILVER BELL DRIVE, SHIFF SARASOTA FL 34241			
2 Principal Place of Business 700 Sauge of Grand Grand Too Sarasota Grand Suite, Apt. #, etc. 2a. Mailing Address Too Sarasota Grand Suite, Apt. #, etc.			Date Organized 09/23/19 FEI Number		3a. State of Formation FL	
iv & State City & State Soughoffer Al			65-0	8666	Applied For Not Applicable	
7p Country 7p 34	241 Counti	У	5. Date of Last Ro	eport	6. Certificate of Status Desired 88.75 Additional Fee Required	
Namo			Name and Address	of New Registe	ered Agent/Office	
PFLUNGER, J. GEOFFREY 2033 MAIN STREET, SUITE 101 Street Address (F			O. Box Number is Not Acceptable)			
Suite, Apt. #, etc.						
City			FL Zip Cogé			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.						
SIGNATURE DATE_						
10. Title Managing Members/Managers	(Hogelened Agent Accesse g Appendicel) (NOTE Hegelenco Agent signature required whe Managing Members/Managers Business Street A			City,	State and Zip Code	
MGR ZIVITZ, ROBERT	7734 SILV	ER BELL D	RIVE, SU	SARASO	TA FL	
MGR ZIVITZ, NANCY S	7734 SILVER BELL DRIVE, SE SARASOTA FL					
			00	-02/26	7886704 1/9901072004 88.75 ****188.75	
11. Ido 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 annual 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 roustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: Company or the receiver or roustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.						
SIGNATURE AND TYPE DO FERRIT OF STATES MANAGENESS OF HEREIGNAM, ASH (12.98)						

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