| DOCUMENT # L9900000936 1. Entity Name WALLSTREET TRADER, LLC | | | | | | FILED OFFEB 19 PM 12: 37 | | | | |
|--|--|--|---|--|---|--|--------------|--|------------|---------------|
| Principal Place of Business 4420 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351 Principal Place of Business Mailing Address P.O. BOX 30212 FT. LAUDERDALE FL 33300 | | | | 3 3 | | SECRETARY TALEAHASSE | OF STA | SIDA | | ~ ; ~~ |
| 2. Principal Place of Business | | 3. Mailing Address | | • | _ | | | | | |
| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. City & State | | | 65-089 8577 | | | | allad Fac | _ |
| Zip Country | | Zip Coul | | | 4. FEI Number APPLIED FOR- | | . No | Applied For Not Applicable OO Additional | | |
| | S. Name and Address of Over-A | , | | | <u> </u> | ificate of Status Desired | | Fee Require | | _ |
| | 6. Name and Address of Current | Hegistered Agent | | Name | 7. Nam | e and Address of New | Registered | Agent | | + |
| 4420 NO | EUGENE:H | - | Street Address (P.O. Box Number is Not Acceptable) 1061 W. OBJULAND PROJE BJUL City FORT LANGE WALL TIP Code 3331) | | | | | | | |
| 8. The above | named entity submits this statement for Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | E: Registered | d office or register Agent signature requirece EEE_IS_\$50.00_ | red agent, | or both, in the State of F | lorida. | | | - |
| | | | 10. | - Department o | | | | | | |
| 9. | MANAGING MEMBERS/MEMBERS MGR | | | | | ADDITIONS | /CHANGES | Change | ☐ Addition | 9 |
| NAME Street address City-St-Zip | STEELE, EUGENE H P.O. BOX 30212 FT. LAUDERDALE FL 33303 | | | T ADDRESS ST-ZIP | 600003746086 -02/21/0101105010 ******50.00 ******50. | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | ************************************** | | ☐ Change | Addition | CB2 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | CITY- | | · | | . | ☐ Change | Addition |] |
| indicated | ertify that the information supplied with on this report is true and accurate and in this report is true and accurate and in the receiver or trustee. URE: SIGNATURE AND TYPEDOR PRINTED NAME OF | that my signature shall have the empowered to execute this r | he same eport as | legal effect as if rr required by Chapt | nade under er 608, Flo | oath that I am a mana | ging membe | tify that the in er or manager 47467 aytime Phone # | r of the | |