

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001620

1. Entity Name
AGRO COMMODITIES & CHEMICAL TRADING, LLC



FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1591 E ATLANTIC BLVD
SUITE 200
POMPANO BEACH, FL 33060

Mailing Address
1591 E ATLANTIC BLVD
SUITE 200
POMPANO BEACH, FL 33060

2. Principal Place of Business

360 South Shore Drive
Suite, Apt. #, etc.

3. Mailing Address

12260 Willow Grove Rd.
Suite, Apt. #, etc.
Bldg. #2



☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota, FL

Zip
34234

Country

USA

City & State

Camden, DE

Zip
19934

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

00018315761
07/03--01002--012 **750.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TROFIMENKO, JAROSLAV
STREET ADDRESS 5-11 TOLSTOY STREET
CITY-ST-ZIP MOSCOW, RUSSIA,

TITLE M ☐ Delete
NAME LINDEN IMPEX CORPORATION
STREET ADDRESS MOLLY'S BUILDING, BAY ST., P.O. BOX 460
CITY-ST-ZIP KINGSTOWN, ST VINCENT,

TITLE M ☐ Delete
NAME OLYMPIA TRADE CORP.
STREET ADDRESS MOLLY'S BUILDING, BAY ST., P.O. BOX 460
CITY-ST-ZIP KINGSTOWN, ST VINCENT,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

Jaroslav Trofimenko

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

4-28-03

Case

302-698-0118

Daytime Phone #

CP2E083 (10/02)