

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

DOCUMENT # M02000003217

1. Entity Name

K&K SECURITIES, LLC



FILED

03 FEB 19 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

850 Third Avenue

Suite, Apt. #, etc.

10th floor

City & State

New York, NY

Zip

10022

Country

3. Mailing Address

850 Third Avenue

Suite, Apt. #, etc.

10th floor

City & State

New York, NY

Zip

10022

Country

4. FEI Number

52-2292118

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard Stein

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

505 S. Flagler Drive, Suite 405

City

W. Palm Beach

FL

Zip Code  
33401

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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELECTRONIC TRADING GROUP, LLC  
850 THIRD AVENUE, 10TH FL  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500012777925  
02/19/03--01015--006 \*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JEFFREY MESTER  
850 THIRD AVENUE, 10TH FL  
NEW YORK, NY 10022

TITLE  
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**M THOMAS**

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

Jeffrey Mester

2/14/03

Date

212-729-5200

Daytime Phone #

CR2E083B (12/02)