

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004920

Entity Name: JET TRADING AND LEASING, LLC

FILED  
Jan 05, 2012  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BOULEVARD  
SUITE 530  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BOULEVARD  
SUITE 530  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-5426657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASTRO, BRENDA OFF MGR  
2121 PONCE DE LEON BOULEVARD  
SUITE 530  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

FURLAN, CHRISTOPHER  
2121 PONCE DE LEON BOULEVARD  
SUITE 530  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: CHRISTOPHER FURLAN

01/05/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: CAUFF, BRANDON  
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 530  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: CAUFF, JONATHAN  
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 530  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: CAUFF, ABBY  
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 530  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: AYALA, LUIS  
Address: 2121 PONCE DE LEON BOULEVARD, SUITE 530  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRANDON CAUFF

MGR

01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date