


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
09 APR 13 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000249**

MHC TRADING, LLC
800 NEWPORT CENTER DRIVE, SUITE 400
NEWPORT BEACH CA 92660

1a. Principal Place of Business Address

800 NEWPORT CENTER DRIVE, SU
NEWPORT BEACH CA 92660

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03/13/1998

DE

4. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

Zip

Country

Zip

Country

N/A

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when not at shop)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM STEVEN SHERWOOD TRUST,

800 NEWPORT CENTER DRIVE,

NEWPORT BEACH CA

MGRM BCC-WILLIAMS FAMILY TR

800 NEWPORT CENTER DRIVE,

NEWPORT BEACH CA

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****188.75 ****188.75

SL
4-16-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 trustee 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:

[Signature]

3/9/99

(949) 640-4200

SIGNATURE OF LIMITED LIABILITY COMPANY OR MANAGING MEMBER OR MEMBER

Date

Printed Name