

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 17 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MM0000002018**

1. Entity Name

Loop Capital Markets, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 West Jackson

3. Mailing Address

225 West Wacker

Suite, Apt. #, etc.

Suite 1600

Suite, Apt. #, etc.

Suite 2800

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60606

Country

USA

Zip

60606

Country

USA

4. FEI Number

36-4164012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

David Boyer, Special Asst Secy

7-17-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

700006561437--5

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

James Reynolds

200 West Jackson, Suite 1600

Chicago, IL 60606

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

Albert Grace, Jr.

200 West Jackson, Suite 1600

Chicago, IL 60606

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

Sandra Reynolds

200 West Jackson, Suite 1600

Chicago, IL 60606

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Albert Grace, Jr.

5-1-02

312-913-4405

**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT

CRZE083B (12/01)