

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008014

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC4040354438**

**Entity Name:** TRAD, LLC

**Current Principal Place of Business:**

1811 S SPIVEY TERR  
P O BOX 583  
INVERNESS, FL 34451

**Current Mailing Address:**

P O BOX 583  
INVERNESS, FL 34451-0583 US

**FEI Number:** 26-3828550

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRADSHAW, WESLEY RESQ.  
209 COURTHOUSE SQUARE  
INVERNESS, FL 34450 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	VAN ALLEN, LINDA MGR	Name	VAN ALLEN, BRUCE ASST. MGR
Address	P O BOX 583	Address	P O BOX 583
City-State-Zip:	INVERNESS FL 34451	City-State-Zip:	INVERNESS FL 34451

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA C VANALLEN

**MEMBER**

**01/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date