

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000019853

**Entity Name:** TRUE LANE TRADING, LLC

**Current Principal Place of Business:**

2220 COUNTY ROAD 210 WEST  
SUITE 108 PMB 309  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

2220 COUNTY ROAD 210 WEST  
SUITE 108 PMB 309  
JACKSONVILLE, FL 32259

**FEI Number:** 47-3947689

**Certificate of Status Desired:** No

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

QUALITY BUSINESS SOLUTIONS, LLC  
1229 PROVIDENCE BLVD  
SUITE J  
DELTONA, FL 32725 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 MGRM  
Name MATTHEWS, ANDREW D  
Address 2045 RIVERS OWN ROAD  
City-State-Zip: ST AUGUSTINE FL 32092

Title MGR  
Name MATTHEWS, SANDRA  
Address 2045 RIVERS OWN ROAD  
City-State-Zip: ST AUGUSTINE AL 32092

*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:** ANDREW D MATTHEWS

MGRM

04/20/2016

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

\_\_\_\_\_  
Date