COMMODITY FUTURES TRADING COMMISSION

FORM SEF

SWAP EXECUTION FACILITY APPLICATION OR AMENDMENT TO APPLICATION FOR DESIGNATION

COVER SHEET

			C			
	Exact	name of Appli	cant as specified in cha	arter		
	73	1 Lexington Ave	e., New York, NY 1002	2		
		Address of prin	cipal executive offices			
If this	is an APPLICATION fo	or registration, co	omplete in full and chec	ek here.		
	is an AMENDMENT and check here.	to an application	, or to an existing regi	stration, list all items that are		
	Exhibit F (Staffing Requirements) Exhibit K (Fees)	rements)				
ENER	AL INFORMATION					
	Name under which the business of the swap execution facility will be conducted, if different than name specified above (include acronyms, if any):					
	N/A					
2. I	f name of swap execution N/A	n facility is being	g amended, state previo	us swap execution facility name		
3. (Contact information, including mailing address if different than address specified above: Same as above					
	Number and Street					
	City	State	Country	Zip Code		
	(212) 318-2000	(646) 268-6117				
	Main Phone Number		Fax			

	www.bloombergsef.com	info@bloombergsef.com			
	Website URL	E-mail Address			
4.	List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:				
Office		Address			
731	Lexington Ave.	731 Lexington Ave, New York, NY 10022			
5.	5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following: N/A a. Date of succession				
	b. Full name and address of pr	redecessor registrant			

Country

Website URL

State

2

Zip Code

Name

City

Number and Street

Main Phone Number

2390

BUSINESS ORGANIZATION

6.	Applicant is a:						
☐ Corporation							
	□ Partnership						
	✓ Limited Liability Company						
	☐ Other form of organization (specify)						
7.	Date of incorporation or form	ation: August 25, 2011					
8.	8. State of incorporation or jurisdiction of organization: Delaware						
9.	The Applicant agrees and consents that the notice of any proceeding before the Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given.						
David	Frank Levine, General Counsel	l, Bloomberg L.P.					
Print N	Name and Title						
Bloom	nberg SEF LLC						
Name	of Applicant						
731 Le	exington Ave.						
Numbe	per and Street						
New Y	York	New York	10022				
City		State	Zip Code				

SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 1st day of October, 2013. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

Name of Applicant

Signature of Duly Authorized Person

George Edward Harrington, Vice President of Bloomberg SEF LLC

Print Name and Title of Signatory