COMMODITY FUTURES TRADING COMMISSION

FORM SEF

SWAP EXECUTION FACILITY APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION

COVER SHEET

FT	SEF LLC		
	Exact name	of Applicant as specified in charter	
111	Great Neck Road, Suite 314, Great		
	Addr	ess of principal executive offices	
×	If this is an APPLICATION f	or registration, complete in full and check here.	
	If this is an AMENDMENT to an amended and check here.	application, or to an existing order of registration, list all items that are	
G	ENERAL INFORMATION		
. Na	ame under which the business of the sw ecified above (include acronyms, if any	ap execution facility is or will be conducted, if different than name):	
	Same as above.		
. If	name of swap execution facility is bein	g amended, state previous swap execution facility name:	
	Not applicable.		
. Co	ontact information, including mailing a	ddress if different than address specified above:	
	Same as above.		
	Number and Street		
_	City	State Country Zip Code	
	516-627-8993	516-627-8994	
	Main Phone Number	Fax	
	www.ftsef.com	admin@ftsef.com	
	Website URL	E-mail Address	

4.	List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:							
5.	Office		Address					
		FTSEF LLC	111 Great Ne	ck Road, Suite	e 314, Great			
			Neck, New Y	Neck, New York 11021				
	If the Ap	pplicant is a successor to a previously registered swap execution facility, please complete the following: Date of succession Not applicable						
	b. Full name and address of predecessor registrant							
		Name						
		Number and Street						
		City	State	Country	Zip Code			
		Main Phone Number	Website	URL				
BU	SINESS	ORGANIZATION						
6.	Applica	nt is a:						
	Corpor							
	Partner							
×	Limite	d Liability Company						
	Other	form of organization (specify)						
7.	Date of	incorporation or formation: Octo	ober 6, 2014					
8.	State of	incorporation or jurisdiction of or	ganization: New York					
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.							
	_	dia, President and CEO						
		FTSEF LLC						
	Name o	Name of Applicant						
		111 Great Neck Road, Suite 314, New York 11021						
	Number	and Street Great Neck	New York		11021			
	City		State		Zip Code			

SIGNATURES

	The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this day of, 20 14. The
	Applicant and the undersigned represent hereby that all information contained herein is true, current, an
	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, an
	complete as previously filed.
	FTSEF LLC
	Name of Applicant
	Signature of Duly Authorized Person
	Vijay Kedia, President and CEO
	AND
	Print Name and Title of Signatory