2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State
08-20-2008 90014 014 ***138.75

DOCUMENT # L01000017988

1. Entity Name
TINGLE'S DISTRIBUTORS "L.L.C."

Principal Place of Business	Mailing Address
4428 STONEFIELD DR. ORLANDO, FL 32826	4428 STONEFIELD DR. ORLANDO, FL 32826

08182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3751109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TINGLE, HORACE G 4428 STONEFIELD DR. ORLANDO, FL 32826	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TINGLE, HORACE G 2811 MACMURRAY DR. ORLANDO, FL 32826	☐ Delete	NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4428 Stonefield Drive Orlando FL 32826 → address change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TINGLE, MARJORIE G 2811 MACMURRAY DR. ORLANDO, FL 32826	☐ Delete	NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4428 Stonefield Drive Orlando FL 32826 → address change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TINGLE, HUGH 2251 BANCROFT BLVD. ORLANDO, FL 32833	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Horace G Tingle 8/15/08 (407) 923 6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #