


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90041 021 ****50.00

DOCUMENT # L05000083225

1. Entity Name
 MISSION DISTRIBUTING OF TAMPA BAY, L.L.C.



Principal Place of Business Mailing Address

5415 10TH AVENUE DRIVE WEST 5415 10TH AVENUE DRIVE WEST
 BRADENTON FL 34209 BRADENTON FL 34209



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

25349 Seven Rivers Circle

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Land O Lakes FL

Zip Country Zip Country

34639 USA

4. FEI Number 20-3355124 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

NICOLINI, JOSEPH J
 5415 10TH AVENUE DRIVE WEST
 BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name Mark Foti
 Street Address (P.O. Box Number is Not Acceptable) 4742 Distribution Dr.
 City Tampa FL Zip Code 33605

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 *Mark Foti* DATE 4/14/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NICOLINI, JOSEPH J 5415 10TH AVENUE DRIVE WEST BRADENTON FL 34209 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FOTI, MARK 27843 SEVEN RIVERS CIRCLE LAND-O-LAKES FL 34639 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark Foti* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE