

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083225

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** MISSION DISTRIBUTING OF TAMPA BAY, L.L.C.

**Current Principal Place of Business:**

25349 SEVEN RIVERS CIRCLE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

4742 DISTRIBUTION DR  
TAMPA, FL 33605

**Current Mailing Address:**

25349 SEVEN RIVERS CIRCLE  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

4742 DISTRIBUTION DR  
TAMPA, FL 33605 US

FEI Number: 20-3355124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOTI, MARK  
25349 SEVEN RIVERS CIRCLE  
LAND O LAKES, FL 34639 US

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

FOTI, MARK  
4742 DISTRIBUTION DR  
TAMPA, FL 33605 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

01/25/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FOTI, MARK  
Address: 4742 DISTRIBUTION DR  
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARK FOTI

MGR

01/25/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date