

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 009 ****55.00

DOCUMENT # M99000001743

1. Entity Name

Retail Distributors, LLC

DO NOT WRITE IN THIS SPACE

961141

2. Principal Place of Business

45 Bartlett Street

Suite, Apt. #, etc.

3. Mailing Address

951 Broken Sound Pkwy NW

Suite, Apt. #, etc.

195

DO NOT WRITE IN THIS SPACE

City & State

Marlborough, MA

City & State

Boca Raton, FL

4. FEI Number

043488516

Applied For

Not Applicable

Zip

01752

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Victor Grillo, Sr.
STREET ADDRESS	1017 Grand Cay
CITY - ST - ZIP	Highland Beach, FL 33487
TITLE	MGRM
NAME	Ray Wasocki
STREET ADDRESS	15 Stonecroft Circle
CITY - ST - ZIP	Weston, MA 02193
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Victor Grillo

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

4-23-02

Date

201-999-9441

Daytime Phone #