

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083827

Entity Name: UMA DISTRIBUTORS, LLC**Current Principal Place of Business:**950 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**950 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714**FEI Number:** 26-0770126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'LEARY, DOTTI
950 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 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:** DOTTI O'LEARY

03/05/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BAVLI, MATI
Address KIBBUTZ MAGEN
City-State-Zip: DN HANEDEV IS 85465

Title DIR.
Name ZRALLACK, ROBERT
Address 2914 FALCONHILL DR
City-State-Zip: APOPKA FL 32712

Title MGR
Name STUDNEY, MICHAEL A
Address 2500 LEE ROAD, APT. 113
City-State-Zip: WINTER PARK FL 32789

Title DIR.
Name AMAR, ITZHAK
Address 642 PARK FOREST CT
City-State-Zip: APOPKA FL 32703

Title VP
Name TOUBOL, LIRON
Address KIBBUTZ MAGEN
City-State-Zip: ISRAEL FL

Title SEC.
Name O'LEARY, DOTTI
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BARRY, ELAINE M
Address 950 SUNSHINE LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE M BARRY

DIRECTOR

03/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date