

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115154

**Entity Name:** PROPANE U.S.A. DISTRIBUTION, LLC

**Current Principal Place of Business:**

1900 BANKS RD.  
MARGATE, FL 33063

**Current Mailing Address:**

1900 BANKS RD.  
MARGATE, FL 33063

**FEI Number: 26-1476809**

**Certificate of Status Desired: No**

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

GLAZER, ERIC LESQ.  
2300 CORPORATE BLVD. NW  
SUITE 232  
BOCA RATON, FL 33431 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BECK, TRUSTEE, LOUIS S  
Address 2300 CORPORATE BLVD. NW, #232  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name TONGES, TRUSTEE, RICHARD A  
Address 8534 E. KEMPER RD.  
City-State-Zip: CINCINNATI OH 45249

Title MGRM  
Name STERNECK, STEVEN  
Address 1900 BANKS RD.  
City-State-Zip: MARGATE FL 33063

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN STERNECK**

**MANAGER**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date