

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000004584

**Entity Name:** FAMILY DISTRIBUTORS, LLC

**Current Principal Place of Business:**

6811 NW 15TH AVENUE  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

6811 NW 15TH AVENUE  
FT. LAUDERDALE, FL 33309

**FEI Number:** 45-4144803

**Certificate of Status Desired:** No

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

COLLINS, CHRISTOPHER CPA  
6811 NW 15TH AVENUE  
FT. LAUDERDALE, FL 33309 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 UNIQUE WHOLESALE  
DISTRIBUTORS, INC.  
Address 6811 NW 15TH AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

*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:** CHRIS COLLINS

CFO

04/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date