

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000108748

**Entity Name:** FLORIDA PALM DISTRIBUTING, LLC

**Current Principal Place of Business:**

5120 FLORIDA PALM AVE  
COCOA, FL 32927

**Current Mailing Address:**

5120 FLORIDA PALM AVE  
COCOA, FL 32927 US

**FEI Number:** 46-0873610

**Certificate of Status Desired:** No

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

SEAMAN BURK, KAREN R  
5120 FLORIDA PALM AVE  
COCOA, FL 32927 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 MGR  
Name SEAMAN BURK, KAREN R  
Address 5120 FLORIDA PALM AVE  
City-State-Zip: COCOA FL 32927

*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:** KAREN SEAMAN BURK

MGR

04/16/2014

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

\_\_\_\_\_ Date