#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000127741

Entity Name: SWEETPRO SOUTHEAST DISTRIBUTOR, LLC

FILED
Mar 17, 2017
Secretary of State
CC0791069715

#### **Current Principal Place of Business:**

15633 CARLTON LAKE RD WIMAUMA. FL 33598

# **Current Mailing Address:**

**PO BOX 204** 

BALM. FL 33503 US

FEI Number: 46-1148491 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SHOOP, SANDRA L 15633 CARLTON LAKE RD WIMAUMA, FL 33598 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: SANDRA L SHOOP 03/17/2017

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title MGRM Title MGRM

 Name
 SHOOP, SANDRA L
 Name
 SHOOP, BRIAN L

 Address
 PO BOX 204
 Address
 PO BOX 282

 City-State-Zip:
 BALM FL 33503
 City-State-Zip:
 BALM FL 33503

Title MGRM

Name SHOOP, JUSTIN M
Address 2028 15TH ST SE
City-State-Zip: RUSKIN FL 33570

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: BRIAN L SHOOP MGRM

Electronic Signature of Signing Authorized Person(s) Detail

03/17/2017 Date