

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000058254

**Entity Name:** 4AM WHOLESale LLC

**Current Principal Place of Business:**

149 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773

**Current Mailing Address:**

149 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 UN

**FEI Number:** 46-4864829

**Certificate of Status Desired:** No

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

VINCENT, ADAM D  
149 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 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 VINCENT, ADAM D  
Address 149 MAGNOLIA PARK TRAIL  
City-State-Zip: SANFORD FL 32773

Title MGRM  
Name VINCENT, MISTY L  
Address 149 MAGNOLIA PARK TRAIL  
City-State-Zip: SANFORD FL 32773

*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:** ADAM VINCENT

**OWNER**

**03/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date