

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000871

Entity Name: CONSUMERS SUPPLY DISTRIBUTING, LLC**Current Principal Place of Business:**600 STEVENS PORT DRIVE STE 325
DAKOTA DUNES, SD 57049**Current Mailing Address:**PO BOX 1820
NORTH SIOUX CITY, SD 57049 US**FEI Number:** 45-3782648**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	PATEE, DAVE
Address	600 STEVENS PORT DRIVE STE 325
City-State-Zip:	DAKOTA DUNES SD 57049

Title	MGR
Name	PATEE, DAN
Address	600 STEVENS PORT DRIVE STE 325
City-State-Zip:	DAKOTA DUNES SD 57049

Title	MGR
Name	REINDERS, JEFF
Address	600 STEVENS PORT DRIVE STE 325
City-State-Zip:	DAKOTA DUNES SD 57049

Title	MGR
Name	JUENEMAN, JERRY
Address	5500 CENEX DR
City-State-Zip:	INVER GROVE HEIGHTS MN 55077

Title	MGR
Name	PETERSON, JON
Address	5500 CENEX DR
City-State-Zip:	INVER GROVE HEIGHTS MN 55077

Title	MGR
Name	PAULSON, ROD
Address	5500 CENEX DR
City-State-Zip:	INVER GROVE HEIGHTS MN 55077

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: DAN PATEE**MANAGER****04/02/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date