## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000871

Entity Name: CONSUMERS SUPPLY DISTRIBUTING, LLC

FILED
Mar 10, 2017
Secretary of State
CC5747102401

**Current Principal Place of Business:** 

718 NORTH DERBY LANE 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

Title MGR

Name

Name PATEE, DAVE

PATEE, DAN

Address 718 NORTH DERBY LANE

Address 718 NORTH DERBY LANE

City-State-Zip: DAKOTA DUNES SD 57049

City-State-Zip: DAKOTA DUNES SD 57049

Title MGR

Title MGR

Name JOHNSON, JEROD

Name JUENEMAN, JERRY

Address 718 NORTH DERBY LANE

Address 5500 CENEX DR

City-State-Zip: DAKOTA DUNES SD 57049

City-State-Zip: INVER GROVE HEIGHTS MN 55077

Title MGR

Title

MGR

**MANAGER** 

Name PETERSON, JON Address 5500 CENEX DR Name

PAULSON, ROD

a. a. . =

5500 CENEX DR Address

5500 CENEX DR

City-State-Zip:

INVER GROVE HEIGHTS MN 55077

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

Electronic Signature of Signing Authorized Person(s) Detail

03/10/2017

Date