

2001 UNIFORM BUSINESS REPORT (UBR)

0021334 AF

DOCUMENT # L00000000124

1. Entity Name

GARLIC DISTRIBUTION, LLC

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8830 CREEK RUN DRIVE
BONITA SPRINGS FL 34135

8830 CREEK RUN DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTBERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
William Scott McCallister
Street Address (P.O. Box Number is Not Acceptable)
8830 Creek Run Dr
Bonita Springs FL 34135
City FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004476736--0
-07/16/01--01023--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	operating manager	<input type="checkbox"/> Delete
NAME	William S. McCallister	
STREET ADDRESS	8830 Creek Run Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	Vice operating manager	<input type="checkbox"/> Delete
NAME	Caron A. McCallister	
STREET ADDRESS	8830 Creek Run Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/01

941-821-5701

CR2E083 (11/00)