

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90078 046 ****50.00

DOCUMENT # L00000000124

1. Entity Name

GARLIC DISTRIBUTION, LLC



Principal Place of Business

**8830 CREEK RUN DRIVE
BONITA SPRINGS FL 34135**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAM SCOTT MCCALLISTER
8830 CREEK RUN DRIVE
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **WILLIAM S. MCCALLISTER**
Street Address (P.O. Box Number is Not Acceptable)
8830 CREEK RUN DRIVE
City **Bonita Springs** FL **34135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **WILLIAM S. MCCALLISTER CEO WLS McCallister** **04/29/03**
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MCCALLISTER, WILLIAM S**
STREET ADDRESS **8830 CREEK RUN DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **MGR** ☐ Delete
NAME **MCCALLISTER, CARON A**
STREET ADDRESS **8830 CREEK RUN DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: **William S. McCallister**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/29/03 239-821-5701
Date Daytime Phone #

0039569

CR2E083 (10/02)