

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 07, 2005 8:00 am
Secretary of State**

01-12-2005 90028 040 ****50.00

DOCUMENT # L01000002483

1. Entity Name
GOVERNOR'S DISTRIBUTORS, LLC



Principal Place of Business

**8803 NW 23RD STREET
MIAMI, FL 33172**

Mailing Address

**8803 NW 23RD STREET
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3534897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALANI, MANOJ
8803 NW 23 STREET
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BALANI, MANOJ
8803 NW 23 STREET
MIAMI, FL 33172**

TITLE
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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:

Manoj Balani

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

02-04-05

Date

305.597-1801

Daytime Phone #