

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90344 011 \*\*\*\*50.00

**DOCUMENT # L01000002921**

1. Entity Name

**SUNDANCE DISTRIBUTORS, L.L.C.**

Principal Place of Business

1625 FARMINGTON CIR.  
 WELLINGTON FL 33414

Mailing Address

1625 FARMINGTON CIR.  
 WELLINGTON FL 33414

2. Principal Place of Business

**4274 160th St North**

Suite, Apt. #, etc.

3. Mailing Address

**4274 160th St North**

Suite, Apt. #, etc.

City & State

**Loxahatchee, FL 33470**

Zip

**33470**

Country

**USA**

City & State

**Loxahatchee, FL**

Zip

**33470**

Country

**USA**

4. FEI Number

**74-3051483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHOFSTALL, WILLIAM G JR.  
 828 SQUIRE DR.  
 WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. 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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

**Barry Koster  
 4274 160th St North  
 Loxahatchee  
 managing member**

**Kevin Cassidy  
 1016 10th Lane  
 Lake Worth FL 33463-4354  
 managing member**

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 REQUIRED**

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

**7/11/02 561 333 4708**  
 Date Daytime Phone #

CR2E083 (4/02)