


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008779	
1. Entity Name NATIONWIDE LIQUIDATORS AND DISTRIBUTORS, LLC	

Principal Place of Business 10811 NE 5TH AVE MIAMI FL 33161	Mailing Address 10811 NE 5TH AVE MIAMI FL 33161
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SICILIA, TERESA 10811 NE 5TH ST MIAMI FL 33161	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<div style="text-align: right;">FL Zip Code</div>	

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
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TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HALDERMAN, TERESA	
STREET ADDRESS	10811 NE 5TH AVE	
CITY - ST - ZIP	MIAMI FL 33161	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HALDERMAN, TERESA	
STREET ADDRESS	10811 NE 5TH AVE	
CITY - ST - ZIP	MIAMI FL 33161	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HALDERMAN, DENNIS	
STREET ADDRESS	10811 NE 5TH AVE	
CITY - ST - ZIP	MIAMI FL 33161	

TITLE	P	<input type="checkbox"/> Delete
NAME	HALDERMAN, DENNIS	
STREET ADDRESS	10811 NE 5TH AVE	
CITY - ST - ZIP	MIAMI FL 33161	

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

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

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

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

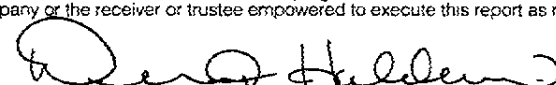
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **1-26-04 1800-234-5451**