LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

L01000009697

OEM DISTRIBUTING COMPANY, L.L.C.

1. Entity Name

FILED Apr 30, 2002 8:00 am Secretary of State

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	Place of Business	3. Mailing Address					· ·			
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Suite, Apt.	#, etc.	Suite, Apr. #, etc.			DO NOT WRITE IN THIS SPACE					
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B. The above	named entity submits this statement	for the purpose of changing its	registered office or	registere	d agent, or both the State of Florings to the	da.	-			
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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 a managing member or manager of the limited liability company or the receiver or trusted 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

CITY-ST-ZIP

Rolf E. Wessel

4/19/02

941-918-1105