

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

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

04-30-2002 90107 011 ****50.00

DOCUMENT #

1. Entity Name L01000009697

OEM DISTRIBUTING COMPANY, L.L.C.

DO NOT WRITE IN THIS SPACE

947090

2. Principal Place of Business
P.O. Box 255

3. Mailing Address
P.O. Box 255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Osprey, Florida

City & State
Osprey, Florida

4. FEI Number
65-1114348

Applied For
Not Applicable

Zip Country

Zip Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Vivian Wessel

Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street

Suite 600

City Zip Code
Sarasota FL 34237

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the State of Florida.

SIGNATURE

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

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Rolf E. Wessel
P.O. Box 255
Osprey, FL 34229

TITLE
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CITY-ST-ZIP

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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:

Rolf E. Wessel

4/19/02

941-918-1105

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

Date

Daytime Phone #