

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017182

FILED
Jan 13, 2009
Secretary of State

Entity Name: A & E WHOLESALE OF NORTH FLORIDA, LLC

Current Principal Place of Business:

1023 CAPITAL CIR, NW
TALLAHASSEE, FL 32304

New Principal Place of Business:

475 #1 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32304

Current Mailing Address:

P O BOX 21
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 80-0033034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUGHES, J. JOSEPH ESQ.
4913 NORTH MONROE ST.
TALLAHASSEE, FL 32318 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASKEVOLD, INGOLF S
Address: P O BOX 21
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: INGOLF ASKEVOLD

MGRM

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date