

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022624

Entity Name: MC DISTRIBUTORS LLC

FILED  
Jan 09, 2009  
Secretary of State

**Current Principal Place of Business:**

2501 NW 34TH PLACE  
STE. 35  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

2501 NW 34TH PLACE  
STE. 35  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 80-0005325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGUIRE, MICHAEL  
23 ROYAL PALM  
# 15  
BOCA RATON, FL 33432 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: MAGUIRE, MICHAEL D  
Address: 23 ROYAL PALM # 15  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM ( ) Delete  
Name: CHIRINSKY, ERIC  
Address: 5598 NE 7TH AVENUE  
City-St-Zip: BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

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

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: MICHAEL MAGUIRE

MGRM

01/09/2009

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