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954-725-8049

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2003 LIMITED LIABILITY COMPANY

Jul 17, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** DOCUMENT # L01000022624 07-17-2003 90023 016 ****55.00 1. Entity Name MC DISTRIBUTORS LLC Principal Place of Business Mailing Address 5630 KINGS MILL COURT 1121 SOUTH MILITARY TRAIL LAKE WORTH FL FL 33463 SUITE 275 DEERFIELD BEACH FL 33442 US 2. Principal Place of Business 3. Mailing Address 1525 NW 3rd Street 1525 NW 3rd Street Suite, Apt. #, etc Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 80-0005325 *leerfield* Not Applicable Deerfield Beach Country \$5.00 Additional 5. Certificate of Status Desired 33442 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHIRINSKY, MARILYN 5722 SOUTH FLAMINGO ROAD **SUITE 318** Royal Polm # 303 COOPER CITY FL 33330 Boca Raton 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agont Michael Maguire SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Defete TITLE Change Addition NAME CHIRINSKY, MARILYN NAME 5722 SOUTH FLAMINGO ROAD #318 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL 33330 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME CHIRINSKY, ERIC NAME STREET ADDRESS 1121 SOUTH MILITARY TRAIL #275 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change Change Addition NAME --MAGUIRE, MIKE NAME --- __ 27 Royal Palm # 303 STREET ADDRESS 1121 SOUTH MILITARY TRAIL #275 STREET ADDRESS Boxa Rotton FL 33432 CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 required

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

SIGNATURE: