


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91808 001 \*\*\*\*50.00

0088318

<b>DOCUMENT # L02000016361</b>	
1. Entity Name <b>MEBANE DISTRIBUTING, LLC</b>	

Principal Place of Business <b>1517 EAST 7TH AVENUE, SUITE F TAMPA FL 33605</b>	Mailing Address <b>1517 EAST 7TH AVENUE, SUITE F TAMPA FL 33605</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country




☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>22-3856825</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

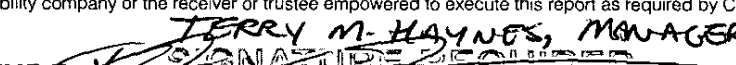
<b>6. Name and Address of Current Registered Agent</b>
<b>DIAMOND, RICHARD J 1517 EAST 7TH AVENUE, STE F TAMPA FL 33605</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>TERRY M. HAYNES</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1517 E. 7TH AVE #F</b>
City <b>TAMPA</b> FL Zip Code <b>33605</b>

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>4/29/03</b>

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>TERRY M. HAYNES, MANAGER</b>	DATE <b>4/29/03</b> (813) 248-4555

CR2E083 (10/02)