

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042620

Entity Name: JLOP DISTRIBUTORS, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

8870 N HIMES AVE  
226  
TAMPA, FL 33614

## **New Principal Place of Business:**

3911 W.WATERS AVE  
5  
TAMPA, FL 33614

## **Current Mailing Address:**

8870 N HIMES AVE  
226  
TAMPA, FL 33614

## **New Mailing Address:**

3911 W.WATERS AVE  
5  
TAMPA, FL 33614

FEI Number: 90-0378837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ, JALOP A  
8870 N HIMES AVE  
226  
TAMPA, FL 33614 US

## **Name and Address of New Registered Agent:**

LOPEZ, JALOP A  
3911 W.WATERS AVE  
5  
TAMPA, FL 33614 US

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: JLOP

04/30/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOPEZ, JALOP A  
Address: 3911 W.WATERS AVE, # 5  
City-St-Zip: TAMPA, FL 33614

I hereby 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: JLOP

OWNE

04/30/2012

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