

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077261

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: MANNA DISTRIBUTORS, LLC

**Current Principal Place of Business:**

5740 HALIFAX AVENUE  
FORT MYERS, FL 33912

**New Principal Place of Business:**

300 PLAZA DRIVE  
VESTAL, NY 13850

**Current Mailing Address:**

300 PLAZA DRIVE  
VESTAL, NY 13850

**New Mailing Address:**

FEI Number: 20-1792059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEHLBERG, OTIS A JR  
5740 HALIFAX AVENUE  
FORT MYERS, FL 33912 US

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

WEST FLORIDA DISTRIBUTORS - TRACEY KLUMPP  
4500 CARMICHAEL AVE.  
SARASOTA, FL 34234 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: TRACEY KLUMPP

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES (X) Delete  
Name: MEHLBERG, OTIS A  
Address: 5740 HALIFAX AVE.  
City-St-Zip: FT. MYERS, FL 33912

Title: MGR ( ) Delete  
Name: STONERICH, INC.,  
Address: 300 PLAZA DRIVE  
City-St-Zip: VESTAL, NY 13850

**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: STONERICH, INC.

MGR

04/25/2008

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