2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000018604

1. Entity Name
COLE'S DISTRIBUTING, LLC

Principal Place of Business	Mailing Address
707 WEST AVE. DELAND, FL 32720	3330 LAKE HELEN OSTEEN ROAD DELTONA, FL 32738

02062008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2383247
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, GARRY R
3330 LAKE HELEN OSTEEN ROAD
DELTONA, FL, FL 32738

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000009080850
05/06/08-80015-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COLE, RACHEL E
STREET ADDRESS	3330 LAKE HELEN OSTEEN ROAD
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	MGR
NAME	COLE, GARY R
STREET ADDRESS	3330 LAKE HELEN OSTEEN ROAD
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/16/08 (386) 734-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #