

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024059

FILED
Apr 16, 2009
Secretary of State

Entity Name: INTIME DISTRIBUTORS, LLC

Current Principal Place of Business:

4720 SW 74TH AVENUE
MIAMI, FL 33155 US

New Principal Place of Business:

4722 SW 74TH AVENUE
MIAMI, FL 33155 US

Current Mailing Address:

4720 SW 74TH AVENUE
MIAMI, FL 33155 US

New Mailing Address:

4722 SW 74TH AVENUE
MIAMI, FL 33155 US

FEI Number: 42-1662202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAESANO, CARLOS A
4720 SW 74TH AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

PAESANO, CARLOS A
4722 SW 74TH AVENUE
MIAMI, FL 33155 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: CARLOS PAESANO

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GANGERI, ENZO
Address: VIA FILAS DE MARICHES, KM 2, HA. LA MARIA,
City-St-Zip: CARACAS, VENEZUELA, DF 00000 VZ

Title: MGRM () Delete
Name: PAESANO, CARLOS
Address: 4720 SW 74TH AVENUE
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PAESANO, CARLOS
Address: 4722 SW 74TH AVENUE
City-St-Zip: MIAMI, FL 33155 US

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: CARLOS PAESANO

MGRM

04/16/2009

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