## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 07, 2007 8:00 am Secretary of State

DOCUMENT # L05000027201  1. Entity Name PRO-MEX DISTRIBUTOR, LLC  Principal Place of Business  Mailing Address							02-07-2007	90115 01	2 ****5	0.00
13912 SW 139 CT										
·		·					NA SINI CAN BANG CAN	1 <b>80</b> 118 8888 10011	      <b>                                </b>	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		* * * * *						
1401	EAST 1146		<u> </u>	11 AV	<u> </u>	( )	8181 81114 8 <del>8</del> 511 9 PIII 8 811	23  2   3    42	H=   <b>   6</b>    3	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01292007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		FL		4. FEI Number			- <del></del>	plied For
Zip 33	Country		Cour	ntry	-	52-2455				t Applicable
73	012 m 14h, 04	33012	m 19	4, 0	196		f Status Desired	F	ee Require	
	- 6. Name and Address of Cur	rent Registered Agent		Name		7. Name and A	ddress of New R	egistered Ag	jerit	
EUSTAQUIO, YOLANDA							<del></del>			
1507 CONT OTATIED ORONNE BIN.						P.O. Box Number	is Not Acceptable	·)		
LONGWOOD, FL 32750										
		:		City	_			FL	Zip Code	•
8. The above	named entity submits this stateme	ent for the purpose of changing	j its register	ed office or	register	ed agent, or both	in the State of Flo		niliar with,	and accept
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of repictered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
One was typos or printed name or respected again and much depressure. (TWTE: registered Again applicable registering)										
Filing Fee is \$50.00 Due by May 1, 2007  Make check payable to Florida Department of State										
\ "	ue by May 1, 2007	<i>}</i> &.					rionos	nebarmie	it or State	
9,	MANAGINE ME	MERS/MANAGERS	10.	,			ADDITIONS/			
TITLE NAME	MGR EUSTAQUIO, YOLANDA	☐ Delete	TITL	1				1	Change	☐ Addition
STREET ADDRESS	EUSTAQUIO, YOLANDA   NAN   1987 CORPORATED SQUARE DR.   STRI									
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY	'-ST-ZIP				"·		
TITLE	MGRM	☐ Delete	TITL					1	Change	Addition
NAME STREET ADDRESS	AVILA, PRISCILLA 1987 CORPORATED SQUA	KE EET ADDRESS								
CITY-ST-ZIP	LONGWOOD, FL 32750								_	
TITLE	MGRM	☐ Delete	THTL	- 1		-			Change	Addition
NAME CYDECT ADDRESS	AVILA, ALEXANDER 1987 CORPORATED SQUA	ec no	NAM	KE EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	LONGWOOD, FL 32750	RE DR.		-ST-ZIP						
TITLE		☐ Delete	TITL	E		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME			NAM	· ·						
STREET ADDRESS   CITY-S1-ZIP				EET ADDRESS (-ST-ZIP						
TITLE		☐ Delete	TITL				· <u></u>		Change	☐ Addition
NAME		<u> </u>	NAN	AE					-	
STREET ADDRESS				EET ADDRESS (-ST-ZIP						
CITY-ST-ZIP	<u> </u>	Delete	TITL				<del></del> -		Change	Addition
TITLE NAME		Delete	NAN	I				'	onango	ا العادة الي
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP	<u> </u>			/-ST-ZIP						
استأن المستان المستان	certify that the information supplied on this report is true and accurate	s and that my cionature chall hi	ave the cam	e legal ettec	t as it m	sade under oath	that I am a manac	inther certify t ling member	nat the info or manage	rmation r of the
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										