

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030600

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** COASTAL FROST DISTRIBUTING, LLC

**Current Principal Place of Business:**

8168 PARTERRE CT.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6753 THOMASVILLE RD  
108-231  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 32-4401168      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KWAK, CAROLYN  
8168 PARTERRE CT.  
TALLAHASSEE, FL 32312      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KWAK, CAROLYN  
**Address:** 8168 PARTERRE CT.  
**City-St-Zip:** TALLAHASSEE, FL 32312

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: CAROLYN KWAK

MGRM

02/02/2010

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