

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000031211

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** WHOLESALE BUILDING PRODUCTS, LLC

**Current Principal Place of Business:**

3050 N 29TH COURT  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

3275 SW 42ND STREET  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 41-2174884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINET, JOCELYN  
3275 SW 42ND STREET  
FT LAUDERDALE, FL 33312 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:** G PROULX, INC  
**Address:** 3275 SW 42ND STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** VP  
**Name:** SURPRENANT, YVES  
**Address:** 3275 SW 42ND STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** D  
**Name:** PROULX, GRATIEN  
**Address:** 3275 SW 42ND STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** CFO  
**Name:** KRUTEK, MARCIA D  
**Address:** 3275 SW 42ND STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** PRES  
**Name:** VINET, JOCELYN  
**Address:** 3275 SW 42ND STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33312

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:** JOCELYN VINET

P

03/22/2011

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