

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90187 013 ***138.75

DOCUMENT # L05000039052 1. Entity Name UKW DISTRIBUTION CENTER, LLC																													
Principal Place of Business 12955 BISCAYNE BLVD. # 402 NORTH MIAMI, FL 33181			Mailing Address 12955 BISCAYNE BLVD. #402 NORTH MIAMI, FL 33181																										
2. Principal Place of Business - No P.O. Box # 3363 NE 163rd street Suite, Apt. #, etc. Ste. 801 City & State North miami beach, FL Zip 33160		3. Mailing Address 3363 NE 163rd street Suite, Apt. #, etc. Ste. 801 City & State North miami beach, FL Zip 33160		05092008 Chg-LLC CR2E083 (12/06)																									
4. FEI Number 20-2766005		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GRUPMENMAGER, NOEMI 18911 COLLINS AVE., # 1707 SUNNY ISLES, FL 33160																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MS</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRUPMENMAGER, NOEMI P CEO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18911 COLLINS AVE., # 1707</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SUNNY ISLES, FL 33160</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MS	<input type="checkbox"/> Delete	NAME	GRUPMENMAGER, NOEMI P CEO		STREET ADDRESS	18911 COLLINS AVE., # 1707		CITY- ST- ZIP	SUNNY ISLES, FL 33160		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <u><i>Noemi Grupmenmager</i></u> Date: <u>5/12/08</u> Daytime Phone #: <u>305-949-9294</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

60041838



Noemi Grupmenmager
CEO

ATTACHMENT

May 12, 2008

60041838
#L05000039052

Devona Reynolds
UKW Distribution
Center, LLC.
3363 NE 163rd Street,
Ste. 801M,
NMB, FL 33160

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

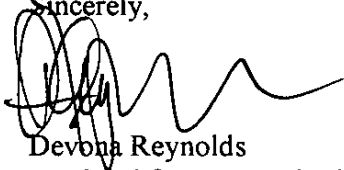
Re: 2008 Annual Report for UKW Distribution Center, LLC.

Dear Sir/Madam:

Please find enclosed the completed form and fee of \$138.75 to update our company's information. The principal place of business and mailing address has changed.

Please let me know if you have any additional questions.

Sincerely,



Devona Reynolds
Paralegal for UKW Distribution Center, LLC.

Encls.