

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096353

FILED
Apr 19, 2009
Secretary of State

Entity Name: VETERANS DISTRIBUTION NETWORK, LLC

Current Principal Place of Business:

2107 E OSBORNE AVE
TAMPA, FL 33610

New Principal Place of Business:

5425 NORTH 59TH STREET
TAMPA, FL 33610

Current Mailing Address:

P.O. BOX 294
DOVER, FL 33527

New Mailing Address:

FEI Number: 26-0130899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLDEN, VIRGIL L
5425 NORTH 59TH AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

COLDEN, VIRGIL L
5425 NORTH 59TH STREET
TAMPA, FL 33610 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:

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUAMINA, LAWRENCE
Address: 21528 TRUMPETER DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: TIM, REGGIE
Address: 6704 N. 33RD STREET
City-St-Zip: TAMPA, FL 33610

Title: MGRM () Delete
Name: COLDEN, VIRGIL
Address: 2622 AL SIMMONS ROAD
City-St-Zip: DOVER, FL 33527

Title: MGRM () Delete
Name: WILSON, JOE
Address: 8638 MANASSAS ROAD
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: COLDEN, BERYL
Address: 2622 AL SIMMONS RD.
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUAMINA, LAWRENCE L
Address: 21518 TRUMPETER DRIVE
City-St-Zip: LAND O LAKES, FL 34639

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

Title: MGRM (X) Change () Addition
Name: COLDEN, VIRGIL L
Address: 2622 AL SIMMONS ROAD
City-St-Zip: DOVER, FL 33527

Title: MGRM (X) Change () Addition
Name: WILSON, JOE A
Address: 8638 MANASSAS ROAD
City-St-Zip: TAMPA, FL 33635

Title: MGRM (X) Change () Addition
Name: COLDEN, BERYL A
Address: 2622 AL SIMMONS RD.
City-St-Zip: DOVER, FL 33527

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: VIRGIL L. COLDEN

PRES

04/19/2009

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