

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096353

FILED
Apr 23, 2010
Secretary of State

Entity Name: VETERANS DISTRIBUTION NETWORK, LLC

Current Principal Place of Business:

5425 NORTH 59TH STREET
TAMPA, FL 33610

New Principal Place of Business:

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 STREET
TAMPA, FL 33610 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: TIM, REGGIE
Address: 6704 N. 33RD STREET
City-St-Zip: TAMPA, FL 33610

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

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

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

Title: MGRM
Name: DURHAM, MARCELLAS
Address: 2402 TRECOTT DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: VIRGIL L. COLDEN

MGRM

04/23/2010

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