


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90045 025 ****50.00

DOCUMENT # L05000119051					
1. Entity Name MARKEE DISTRIBUTORS, LLC					
Principal Place of Business 400 PALMERSTON LANE WAXHAW, NC 28173			Mailing Address 400 PALMERSTON LANE WAXHAW, NC 28173		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4036828	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARCHESANI, JOSEPH M 18402 LITTLE OAKS DRIVE JUPITER, FL 33405			Name <i>Marchesani Joseph M.</i> Street Address (P.O. Box Number is Not Acceptable) <i>312 So. Old Dixie Hwy,</i> City <i>Jupiter</i> FL Zip Code <i>33458</i>		
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 <i>Joseph M. Marchesani</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Mgr.</i> 4-23-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCHESANI, JOSEPH M 18402 LITTLE OAKS DRIVE JUPITER, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mgr.</i> <i>Marchesani, Joseph M.</i> <i>312 So. Old Dixie Hwy.</i> <i>Jupiter, FL 33458</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCHESANI, COLLEEN M 18402 LITTLE OAKS DRIVE JUPITER, FL 33405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mgrm</i> <i>Marchesani, Colleen K</i> <i>312 So. Old Dixie Hwy.</i> <i>Jupiter, FL 33458</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joseph M. Marchesani</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<i>4-23-07</i> <small>Date</small>		<i>704-243-4541</i> <small>Daytime Phone #</small>	

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