

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004477

Entity Name: LATAM DISTRIBUTORS LLC

FILED  
Feb 13, 2007  
Secretary of State

## Current Principal Place of Business:

20052 BLUFF OAK BLVD  
TAMPA, FL 33647 US

## New Principal Place of Business:

## Current Mailing Address:

20052 BLUFF OAK BLVD  
TAMPA, FL 33647 US

## New Mailing Address:

FEI Number: 20-4098681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALERE, EMILE A  
20052 BLUFF OAK BLVD  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

VALERE, RENATTA S  
20052 BLUFF OAK BLVD  
TAMPA, FL 33647 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: RENATTA S. VALERE

02/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VALERE, EMILE A  
Address: 20052 BLUFF OAK BLVD  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM (X) Delete  
Name: VALERE, MARCUS H  
Address: 20052 BLUFF OAK BLVD  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VALERE, RENATTA S  
Address: 20052 BLUFF OAK BLVD  
City-St-Zip: TAMPA, FL 33647 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RENATTA S. VALERE

MGRM

02/13/2007

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