

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

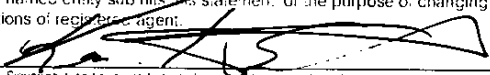
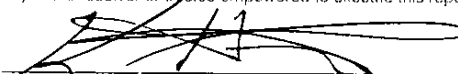
FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90124 007 ***138.75

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02042008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000006038					
1. Entity Name TREE DISTRIBUTORS, LLC					
Principal Place of Business 100 NE 15TH ST. SUITE 204 HOMESTEAD, FL 33030			Mailing Address 100 NE 15TH ST. SUITE 204 HOMESTEAD, FL 33030		
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 20-4164373	
				Applied For ☐ No; Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STUHR, KENNETH 100 NE 15TH STREET, #204 HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 02/04/08 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when registering)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STUHR, KENNETH 1117 CLARE AVE WEST PALM BEACH, FL 33401 <i>change Address</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 NE 15 th St., Suite #204 Homestead, FL 33030	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINKLER, DIKE 100 N.E. 15TH STREET #204 HOMESTEAD, FL 33030	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 				DATE 02/04/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone	