

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90251 006 ****50.00

DOCUMENT # L06000019257

1. Entity Name

KING T DISTRIBUTION, L.L.C.



Principal Place of Business

400 SOUTH ORCHARD STREET
WALLINGFORD CT 06492

Mailing Address

400 SOUTH ORCHARD STREET
WALLINGFORD CT 06492

2. Principal Place of Business - No P.O. Box #

7500 S. Hwy U.S. 1

3. Mailing Address

7500 S. Highway US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)



City & State

Bunnell FL

City & State

Bunnell, FL

4. FEI Number

20-4648467

Applied For

Not Applicable

Zip

32110

Country

USA

Zip

32110

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAURIA, MICHAEL V
75 NORTH LAKE WALK DRIVE
PALM COAST FL 32137

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

Michael V. Lauria

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
LAURIA, MICHAEL V
400 SOUTH ORCHARD STREET
WALLINGFORD CT 06492 ☐ Delete

TITLE
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CITY ST ZIP
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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael V. Lauria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/12/07

203/244-0590

Date

Company Phone #