

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037108

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** SOUTHEAST DISTRIBUTION, L.L.C.

**Current Principal Place of Business:**

300 S. FLORIDA AVENUE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

12949 VILLAGE BLVD  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

FEI Number: 04-3850173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ANTOUS, JEFFREY  
300 S. FLORIDA AVENUE  
TARPON SPRINGS, FL 34689      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ANTOUS, JEFFREY  
Address: 300 S. FLORIDA AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM      ( ) Delete  
Name: BRAVERMAN, NORMAN  
Address: 17A OLDE MISTICK VILLAGE  
City-St-Zip: MYSTIC, CT 06355

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFF ANTOUS

MGRM

06/23/2009

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