2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L06000049851

Entity Name: BROWN DISTRIBUTING LLC

Current Principal Place of Business:

1300 ALLENDALE ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

1300 ALLENDALE ROAD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 20-5112661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DR
FLAGLER CENTER TOWER SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:	THE JASON BROWN FAMILY TRUST	
Address:	1300 ALLENDALE ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	MGRM	( ) Delete
Name:	THE REID BROWN FAMILY TRUST	
Address:	1300 ALLENDALE ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	MGR	( ) Delete
Name:	SHAVER, KEVIN	
Address:	1300 ALLENDALE ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	MGR	( ) Delete
Name:	BROWN, DAVID W	
Address:	2921 BYRDHILL ROAD	
City-St-Zip:	RICHMOND, VA 23228	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KEVIN SHAVER MGR 04/09/2009

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