

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057075

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: ROADWAY DISTRIBUTORS, LLC

## Current Principal Place of Business:

10826 SW 148TH AVE DR  
JOSE O. ZARATE  
MIAMI, FL 33196

## New Principal Place of Business:

## Current Mailing Address:

10201 HAMMOCKS BLVD.  
153-104  
MIAMI, FL 33196

## New Mailing Address:

10826 SW 148TH AVE DR  
JOSE O. ZARATE  
MIAMI, FL 33196

FEI Number: 20-4993874      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:

ZARATE, JOSE O  
10826 SW 148TH AVE DR  
MIAMI, FL 33196      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: MGR      ( ) Delete  
Name: ZARATE, JOSE O  
Address: 10826 SW 148TH AVE DR  
City-St-Zip: MIAMI, FL 33196

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGRM      ( ) Change (X) Addition  
Name: ZARATE, AMELIA  
Address: 10826 SW 148TH AVE DR  
City-St-Zip: MIAMI, FL 33196

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: JOSE ZARATE

MGR

07/06/2009

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