

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075875

Entity Name: LMT DISTRIBUTING, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

2195 W MESA VERDE DRIVE
BEVERLY HILLS, FL 34465

New Principal Place of Business:

2501 SW 57TH AVE
UNIT 601
OCALA, FL 34474

Current Mailing Address:

2195 W MESA VERDE DRIVE
BEVERLY HILLS, FL 34465

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGASCA, LARRY
2195 W MESA VERDE DRIVE
BEVERLY HILLS, FL 34465 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: LAGASCA, LARRY
Address: 2195 W MESA VERDE DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: MGRM () Delete
Name: LAGASCA, LUZ
Address: 2195 W MESA VERDE DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: MGRM () Delete
Name: TEREZ, CARMELITA
Address: 2195 W MESA VERDE DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY LAGASCA

MGRM

01/05/2007

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