

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000103642

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** TANGERINE DISTRIBUTION, LLC

**Current Principal Place of Business:**

1620 SATURN ST  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

1620 SATURN ST  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

**FEI Number:** 20-5771053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON, CAROLINE  
8818 COMMODITY CIRCLE  
SUITE# 40  
ORLANDO, FL 32819 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  
**Name:** COX, CLAUDIA B. DO N  
**Address:** 1620 SATURN ST  
**City-St-Zip:** MERRITT ISLAND, FL 32953 US

**Title:** MGR  
**Name:** COX, ROBERTO  
**Address:** 1620 SATURN ST  
**City-St-Zip:** MERRITT ISLAND, FL 32953 US

I hereby 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:** ROBERTO COX

MGR

03/22/2010

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