


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90331 007 ****50.00

DOCUMENT # L06000120918	
1. Entity Name A & A PETROLEUM DISTRIBUTORS, LLC	

Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 502 C/O HUTNER & ASSOCIATES, PLLC CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 502 C/O HUTNER & ASSOCIATES, PLLC CORAL GABLES, FL 33134
--	--

60047320



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State	City & State
Zip	Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8088499	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HUTNER & ASSOCIATES, PLLC 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Ste 700 City FL Zip Code
--	---

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTAVILLA, NELSON 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 700. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Nelson Altavilla Nelson Altavilla, MGR 4/30/07 305-442-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #