

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005231

Entity Name: MD DISTRIBUTORS, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

3330 SW 105 AVENUE
MIAMI, FL 33165

New Principal Place of Business:

4650 NW 107 AVENUE
1811
MIAMI, FL 33178

Current Mailing Address:

3330 SW 105 AVENUE
MIAMI, FL 33165

New Mailing Address:

4650 NW 107 AVENUE
1811
MIAMI, FL 33178

FEI Number: 71-1025836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, DIANA M
231 MENDOZA AVENUE, SUITE #8
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PENA, DIANA M
4650 NW 107 AVENUE
1811
MIAMI, FL 33178 US

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: DIANA M PENA

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PENA, DIANA M
Address: 231 MENDOZA AVENUE, SUITE #8
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: PEREZ, SILVIA
Address: 3330 SW 105 AVENUE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PENA, DIANA M
Address: 4650 NW 107 AVENUE # 1811
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change () Addition
Name: PENA, MARIANA C
Address: 4650 NW 107 AVENUE # 1811
City-St-Zip: MIAMI, FL 33178

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: DIANA M PENA

PD

04/17/2009

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