


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 047 ***138.75

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L07000067089 1. Entity Name D'BEST DISTRIBUTOR, LLC | | | |  | |
| Principal Place of Business 1004 BELAIR DRIVE HIGHLAND BEACH, FL 33487 | | | Mailing Address 1004 BELAIR DRIVE HIGHLAND BEACH, FL 33487 | | |
| 2. Principal Place of Business - No P.O. Box # 2701 NW BOCA RATON BLVD | | 3. Mailing Address 2701 NW BOCA RATON BLVD | | | |
| Suite, Apt. #, etc. Suite 105 | | Suite, Apt. #, etc. Suite 105 | | | |
| City & State Boca Raton FL | | City & State Boca Raton FL | | 4. FEI Number 26-0424774 | |
| Zip 33432 Country USA | | Zip 33432 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZADOFF, JEFFREY 1004 BELAIR DRIVE HIGHLAND BEACH, FL 33487 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MMGR ZADOFF, JEFFREY 1004 BELAIR DRIVE HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 7/24/08 Daytime Phone # _____ | | |

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07092008 Chg-LLC CR2E083 (12/06)