

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081133

FILED
Apr 29, 2008
Secretary of State

Entity Name: CHECKPOINT DISTRIBUTORS, LLC

Current Principal Place of Business:

955 ANDORA AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

955 ANDORA AVE
CORAL GABLES, FL 33146

New Mailing Address:

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

Name and Address of Current Registered Agent:

RIVERA, ELIZABETH
955 ANDORA AVE
CORAL GABLES, FL 33146 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 () Delete
Name: RIVERA, ELIZABETH
Address: 955 ANDORA AVE
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH RIVERA

MRS

04/29/2008

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