

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089378

FILED
Apr 07, 2008
Secretary of State

Entity Name: ORLANDO BOTTLING COMPANY LLC

Current Principal Place of Business:

118 S. ORANGE AVE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

118 S. ORANGE AVE
ORLANDO, FL 32801

New Mailing Address:

110 S. ORANGE AVE
ORLANDO, FL 32801

FEI Number: 26-0820149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL STORES LC
110 S ORANGE AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JEFFREY, GITTO
110 S ORANGE AVE
ORLANDO, FL 32801 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: JEFFREY GITTO

04/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DESALVO, GEREGORY
Address: 5395 DOVER VILLAGE LANE
City-St-Zip: ORLANDO, FL 32812 US

Title: MGRM () Delete
Name: CAPITOL STORES LC,
Address: 110 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: MAKRIS, SPYRO
Address: 155 S. COURT AVE #1908
City-St-Zip: ORLANDO, FL 32801 US

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: JEFFREY GITTO

MGRM

04/07/2008

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