

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093309

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SUMMERPORT DISTRIBUTORS, LLC

**Current Principal Place of Business:**

6424 EARTHGOLD DRIVE  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

6424 EARTHGOLD DRIVE  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: 26-1146516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOYT ENTERPRISES, LLC  
14222 SONCO AVENUE  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

HOYT ENTERPRISES, LLC  
13884 BLUEBIRD POND ROAD  
WINDERMERE, FL 34786 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: JASON W HOYT

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANE, SPENCER D  
Address: 6424 EARTHGOLD DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: HOYT ENTERPRISES, LLC  
Address: 14222 SONCO AVENUE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: HOYT ENTERPRISES, LLC  
Address: 13884 BLUEBIRD POND ROAD  
City-St-Zip: WINDERMERE, FL 34786

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: JASON W HOYT

MGR

04/30/2009

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