

DOCUMENT# L07000097729

Entity Name: CENTRAL FL DISTRIBUTION AND DELIVERY, LLC

Current Principal Place of Business:

125 SOUTH SWOOPE AVE., SUITE 201-A
MAITLAND, FL 32751

New Principal Place of Business:

333 WOODSTEAD LANE
LONGWOOD, FL 32779

Current Mailing Address:

125 SOUTH SWOOPE AVE., SUITE 201-A
MAITLAND, FL 32751

New Mailing Address:

P.O. BOX 161725
ALTAMONTE SPRINGS, FL 32716

FEI Number: 26-1134420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COOVER, STEPHEN H
230 NORTH PARK AVENUE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

WAUGH, TAHN C
333 WOODSTEAD LANE
LONGWOOD, FL 32779 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: TAHN WAUGH

07/24/2009

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEPE, JOSEPH
Address: 396 STILL FOREST TERRACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WAUGH, TAHN
Address: 333 WOODSTEAD LANE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Delete
Name: WAUGH, TAHN
Address: 333 WOODSTEAD LANE
City-St-Zip: LONGWOOD, FL 32779

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: TAHN WAUGH

MGRM

07/24/2009

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