

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020943

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL DISTRIBUTOR NETWORK, LLC

**Current Principal Place of Business:**

1628 E. GARY RD  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

4798 SOUTH FLORIDA AVE  
231  
LAKELAND, FL 33801 US

**Current Mailing Address:**

1628 E. GARY RD  
LAKELAND, FL 33801 US

**New Mailing Address:**

BOX 5978  
LAKELAND, FL 33807 US

**FEI Number:** 37-1562352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLAGHER, TIMOTHY M  
1628 E. GARY RD  
LAKELAND, FL 33801 US

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

GALLAGHER, TIMOTHY M  
4798 SOUTH FLORIDA AVE  
231  
LAKELAND, FL 33801 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: \_\_\_\_\_

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GALLAGHER, TIMOTHY M  
Address: 4798 SOUTH FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33801 US

I hereby 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: TIMOTHY GALLAGHER

PRE

04/30/2010

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