

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107287

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: TRANS WHOLESale DISTRIBUTION LLC.

## Current Principal Place of Business:

1331 CHESAPEAKE AVENUE  
4  
NAPLES, FL 34102

## New Principal Place of Business:

1331 CHESAPEAKE AVENUE,  
4  
NAPLES, FL 34102

## Current Mailing Address:

PO. BOX 192  
NAPLES, FL 34106

## New Mailing Address:

FEI Number: 26-1113051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DALKILIC, SERAP  
1331 CHESAPEAKE AVENUE  
4  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

DALKILIC, SERAP  
1331 CHESAPEAKE AVENUE,  
4  
NAPLES, FL 34102 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: SERAP DALKILIC

04/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DALOGLU, TARIK  
Address: 588 9TH STREET  
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete  
Name: DALKILIC, SERAP  
Address: 1331 CHESAPEAKE AVENUE, UNIT# 4  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DALKILIC, SERAP  
Address: 1331 CHESAPEAKE AVENUE, UNIT# 4  
City-St-Zip: NAPLES, FL 34102

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: SERAP DALKILIC

MGR

04/22/2009

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