

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116023

FILED
May 01, 2009
Secretary of State

Entity Name: SALMON & GRUNEISEN DISTRIBUTING, LLC

Current Principal Place of Business:

18267 NE 4TH COURT
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

451 BAXTER AVENUE
LOUISVILLE, KY 40204 US

New Mailing Address:

FEI Number: 26-3916331 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:

SOTO, MARK J
18267 NE 4TH COURT
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SMITH, BARRY J
1800 SOUTH OCEAN BLVD.
#810
LAUDERDALE BY THE SEA, FL 33062 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: BARRY J. SMITH

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRUNEISEN, ALBERT H III
Address: 451 BAXTER AVENUE
City-St-Zip: LOUISVILLE, KY 40204 US

Title: MGR () Delete
Name: SALMON, DAVID K
Address: 451 BAXTER AVENUE
City-St-Zip: LOUISVILLE, KY 40204 US

ADDITIONS/CHANGES:

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

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: DAVID K SALMON

CEO

05/01/2009

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