

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031943

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** SOFLO SOUTH FLORIDA DISTRIBUTION, LLC

**Current Principal Place of Business:**

3553 WILES ROAD  
SUITE 204  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

3553 WILES ROAD  
SUITE 202  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

3553 WILES ROAD  
SUITE 204  
COCONUT CREEK, FL 33073

**New Mailing Address:**

3553 WILES ROAD  
SUITE 202  
COCONUT CREEK, FL 33073

**FEI Number:** 80-0380728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LICEA, NELSON  
3553 WILES ROAD  
SUITE 204  
COCONUT CREEK, FL 33073 US

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

LICEA, NELSON  
3553 WILES ROAD  
SUITE 202  
COCONUT CREEK, FL 33073 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:

01/05/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LICEA, NELSON  
Address: 3553 WILES ROAD, STE 202  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM  
Name: CALDERON, KAREN  
Address: 3553 WILES ROAD, STE 202  
City-St-Zip: COCONUT CREEK, FL 33073 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: NELSON LICEA

CEO

01/05/2011

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