

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067810

**FILED**  
**Aug 25, 2010**  
**Secretary of State**

**Entity Name:** GLAD'S NORTH FLORIDA WHOLESALE DISTRIBUTOR LLC

**Current Principal Place of Business:**

994 GARRISON DRIVE  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

7000 US HWY 1 NORTH  
SUITE 203  
ST. AUGUSTINE, FL 32095 US

**Current Mailing Address:**

994 GARRISON DRIVE  
ST. AUGUSTINE, FL 32092 US

**New Mailing Address:**

7000 US HWY 1 NORTH  
SUITE 203  
ST. AUGUSTINE, FL 32095 US

**FEI Number:** 27-0565489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GLADDEN, KEVIN L  
994 GARRISON DRIVE  
ST. AUGUSTINE, FL 32092 US

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

GLADDEN, KEVIN L  
7000 US HWY 1 NORTH  
SUITE 203  
ST. AUGUSTINE, FL 32095 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: \_\_\_\_\_

08/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GLADDEN, KEVIN L  
Address: 7000 US HWY 1 NORTH SUITE 203  
City-St-Zip: ST. AUGUSTINE, FL 32095 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: KEVIN L. GLADDEN

PRES

08/25/2010

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