

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078398

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PERSNICKETY DISTRIBUTION LLC

**Current Principal Place of Business:**

6404 MOBILE HIGHWAY  
PENSACOLA, FL 325261261

**New Principal Place of Business:**

**Current Mailing Address:**

6404 MOBILE HIGHWAY  
PENSACOLA, FL 325261261

**New Mailing Address:**

**FEI Number:** 27-0698843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBRIEN, MICHAEL J  
6404 MOBILE HIGHWAY  
PENSACOLA, FL 325261261 US

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

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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** OBRIEN, MICHAEL J  
**Address:** 2743 PGA BLVD  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGRM  
**Name:** MAYO, JR, JAMES D  
**Address:** 7037 WOODSIDE ROAD  
**City-St-Zip:** PENSACOLA, FL 325261261

**Title:** MGR  
**Name:** OBRIEN, THOMAS M  
**Address:** 286 WIREGRASS PLACE  
**City-St-Zip:** CANTONMENT, FL 32533

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:** MICHAEL J. OBRIEN

MGR

04/20/2011

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