

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007203

Entity Name: ANM DISTRIBUTING LLC

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4308 W SOUTH  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

6844 MITCHELL CIRCLE  
TAMPA, FL 33634

**New Mailing Address:**

P. O. BOX 152476  
TAMPA, FL 33684

FEI Number: 27-1719118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOPEZ, NORIS M  
6844 MITCHELL CIRCLE  
TAMPA, FL 33634 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: LOPEZ, NORIS M  
Address: 6844 MITCHELL CIRCLE  
City-St-Zip: TAMPA, FL 33634

Title: MGRM  
Name: LOPEZ, ANTHONY  
Address: 6844 MITCHELL CIRCLE  
City-St-Zip: TAMPA, FL 33634

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: NORIS M LOPEZ

MGR

03/09/2011

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