

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000062852

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: WESH DISTRIBUTION, LLC

**Current Principal Place of Business:**

4823 SILVER RD  
STE 120  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

4823 SILVER RD  
STE 120  
ORLANDO, FL 32808 US

**New Mailing Address:**

FEI Number: 45-2420559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTENOR, WESLY  
676 CIMAROSA CT  
OCOEE, FL 34761 US

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

ANTHONY-SMITH LAW, P.A.  
5401 S. KIRKMAN RD.  
610  
ORLANDO, FL 32819 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: CORETTA ANTHONY-SMITH

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALTENOR, WESLY  
Address: 676 CIMAROSA CT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: ALTENOR, WETZER  
Address: 676 CIMAROSA CT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: ALTENOR, WILKEN  
Address: 676 CIMAROSA CT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: ALTENOR, EVANS  
Address: 676 CIMAROSA CT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: ALTENOR, SERGE  
Address: 676 CIMAROSA CT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM  
Name: ALTENOR, HERNA  
Address: 676 CIMAROSA CT  
City-St-Zip: OCOEE, FL 34761 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: WETZER ALTENOR

MGRM

04/30/2012

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