

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063799

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE WHOLESALE PARTNERS, LLC

**Current Principal Place of Business:**

1855 W. STATE ROAD 434  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

1855 W. STATE ROAD 434  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 45-2431278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WICK, JOHN R  
1855 W. STATE ROAD 434  
LONGWOOD, FL 32750 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:** RITENOUR, JOHN K  
**Address:** 1855 W. STATE ROAD 434  
**City-St-Zip:** LONGWOOD, FL 32750 US

**Title:** MGRM  
**Name:** RITENOUR, HEATH J  
**Address:** 1855 W. STATE ROAD 434  
**City-St-Zip:** LONGWOOD, FL 32750 US

**Title:** MGRM  
**Name:** SCOVANNER, WESLEY D  
**Address:** 1855 W. STATE ROAD 434  
**City-St-Zip:** LONGWOOD, FL 32750 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:** JOHN K RITENOUR

MGRM

04/13/2012

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