

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125018

Entity Name: DS DISTRIBUTING, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

500 NORTH WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33609

## **New Principal Place of Business:**

8409 LAUREL FAIR CIRCLE  
SUITE 102  
TAMPA, FL 33610

## **Current Mailing Address:**

500 NORTH WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33609

## **New Mailing Address:**

8409 LAUREL FAIR CIRCLE  
SUITE 102  
TAMPA, FL 33610

FEI Number: 45-3993692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALMERICO, KENDALL A  
500 NORTH WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33609 US

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

ALMERICO, KENDALL A  
4350 W. CYPRESS ST.  
SUITE 820  
TAMPA, FL 33607 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: KENDALL ALMERICO

04/30/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOSKOWITZ, DANNY  
Address: 8409 LAUREL FAIR CIRCLE SUITE 102  
City-St-Zip: TAMPA, FL 33607

Title: MGR  
Name: ALMERICO, KENDALL  
Address: 4350 W. CYPRESS ST. SUITE 820  
City-St-Zip: TAMPA, FL 33607

Title: MGR  
Name: TURNER, SADIE  
Address: 8409 LAUREL FAIR CIRCLE SUITE 102  
City-St-Zip: TAMPA, FL 33610

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: SADIE TURNER

MGR

04/30/2012

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