


FILED
 Apr 12, 2004 8:00 am
 Secretary of State

3/8.

03-08-2004 90276 033 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L93000000202		
1. Entity Name SEVEN D. WHOLESALE OF FLORIDA, L.C.		
Principal Place of Business 225 N. FEDERAL HWY, SUITE 410 POMPANO BEACH, FL 33062		Mailing Address 3229 PLEASANT VALLEY BLVD. ALTOONA, PA 16602
2. Principal Place of Business 1255 S. Military Trail		3. Mailing Address
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc.
City & State Deerfield Beach, FL		City & State
Zip 33442		Zip
Country		Country
4. FBI Number 65-0364484		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Delreg. <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DEGOL, DONALD A 225 N. FEDERAL HWY, SUITE 410 POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Donald A DeGoi, Manager Street Address (P.O. Box Number is Not Acceptable) 1255 S. Military Trail Suite 210 City Deerfield Beach FL Zip Code 33442
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		Mail check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MEM NAME DEGOL, DONALD A - MANAGER STREET ADDRESS 225 N. FEDERAL HWY, SUITE 410 CITY-ST-ZIP POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE MEMBER NAME Donald A DeGoi, Manager STREET ADDRESS 1255 S. Military Trail Suite 210 CITY-ST-ZIP Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Donald A DeGoi</u> Donald A DeGoi, Manager 3-11-04		Date: 8-11-11-7777

34003146

