

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L93000000202

1. Entity Name
SEVEN D. WHOLESALE OF FLORIDA, L.C.



FILED

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Principal Place of Business 1255 S MILITARY TRAIL STE 210 DEERFIELD BEACH FL 33442	Mailing Address 3229 PLEASANT VALLEY BLVD. ALTOONA PA 16602
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 65-0364464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEGOL, DONALD A 1255 S MILITARY TRAIL STE 210 DEERFIELD BEACH FL 33442	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 Donald A. Degol, Center (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete	NAME DEGOL, DONALD A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	700113350347 12/21/07--01029--007 **150.00
STREET ADDRESS 1255 S MILITARY TRAIL, STE 210	CITY-STATE-ZIP DEERFIELD BEACH FL 33442	STREET ADDRESS	CITY-STATE-ZIP

REINSTATEMENT 07
6/24

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Donald A. Degol 12-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #