

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L93000000202**

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



Principal Place of Business <b>1255 S MILITARY TRAIL          STE 210          DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>3229 PLEASANT VALLEY BLVD.          ALTOONA, PA 16602</b>
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

**DEGOL, DONALD A  
 1255 S MILITARY TRAIL  
 STE 210  
 DEERFIELD BEACH, FL 33442**

**DO NOT WRITE IN THIS SPACE**

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* DATE *2-26-08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000845228  
 03/13/08-80030-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEGOL, DONALD A 1255 S MILITARY TRAIL, STE 210 DEERFIELD BEACH, FL 33442
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* DATE *2-26-08*

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