

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000597

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PETROLEUM DISTRIBUTORS, L.C.

Current Principal Place of Business:

1201 OAKFIELD DRIVE
BRANDON, FL 33511

New Principal Place of Business:

1201 OAKFIELD DRIVE
109
BRANDON, FL 33511

Current Mailing Address:

1201 OAKFIELD DRIVE
BRANDON, FL 33511

New Mailing Address:

P.O. BOX 1110
BRANDON, FL 33509

FEI Number: 59-3383224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, MICHAEL J ESQ.
791 WEST LUMSDEN ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

MCKNIGHT, WILLIAM D
1201 OAKFIELD DR.
BRANDON, FL 33511 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: WILLIAM MCKNIGHT

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCKNIGHT, WILLIAM D
Address: 805 ARROWHEAD LANE
City-St-Zip: BRANDON, FL 33511

Title: M () Delete
Name: MCKNIGHT, KATHRYN A
Address: 805 ARROWHEAD LANE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCKNIGHT, KATHRYN A
Address: 805 ARROWHEAD LANE
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM MCKNIGHT

MGR

04/28/2009

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