

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000002455

1. Entity Name  
PALM DISTRIBUTING, LLC



Principal Place of Business  
E. J. BALL PLAZA, SUITE 700  
FAYETTEVILLE, AR 72702

Mailing Address  
P.O. BOX 1948  
FAYETTEVILLE, AR 72702

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
71-0817542

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DATILLIO, RALPH C ESQ.  
215 S. MONROE ST., SUITE 400  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MOURTON, KENNETH R
STREET ADDRESS	P.O. BOX 1948
CITY-ST-ZIP	FAYETTEVILLE, AR 72702

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U00000578480  
01/09/07-80031-003 50.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/3/07 479-587-0360