

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 05, 2008 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



04232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

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

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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000000346778
05/30/08-80062-016 138.75

**DO NOT WRITE
IN THIS SPACE**

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 #

4/23/08 479-537-0360