

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

00238388 MB

DOCUMENT # L98000002455 1. Entity Name PALM DISTRIBUTING, LLC	
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FILED
 03 SEP 29 AM 9:11
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
MJM

Principal Place of Business P.O. BOX 1948, E.J. BALL PLAZA, SUITE 700 FAYETTEVILLE AR 72702	Mailing Address P.O. BOX 1948, E.J. BALL PLAZA, SUITE 700 FAYETTEVILLE AR 72702
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

9/29 ☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

\$25,100.00	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOURTON, KENNETH R P.O. BOX 1948 FAYETTEVILLE AR 72702	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** **Kenneth R Mourton** **9-23-03 (479) 587-0360**

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

CR2E083 (4/03)