2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000002599

1. Entity Name

D. H. DISTRIBUTING, L.L.C.



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

650-A SOUTH MCDONOUGH ST. MONTGOMERY, AL 36104

650-A SOUTH MCDONOUGH ST. MONTGOMERY, AL 36104



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 63-1260031

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the purpose of change the obligations of registered agent. | ing its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accept |
|--|--|---|
| 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

U00000687538 04/10/07-80043-008 50.00

| _ | | 04/10/07-80043-008 5 0.00 |
|--|---|----------------------------------|
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGRM HINSON, DWIGHT 650-A SOUTH MCDONOUGH ST. MONTGOMERY, AL 36104 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

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.

wight Hinson

マーマカーカフ

334-206-1035

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

•

Daytime Phone ∉