

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000044

Entity Name: SCP DISTRIBUTORS LLC

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

109 NORTHPARK BLVD.  
COVINGTON, LA 70433

**New Principal Place of Business:**

**Current Mailing Address:**

109 NORTHPARK BLVD., STE. 125  
COVINGTON, LA 70433

**New Mailing Address:**

FEI Number: 36-3926337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PEREZ DE LA MESA, MANUEL J  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433

Title: MGR  
Name: JOSLIN, MARK W  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433

Title: MGR  
Name: COOK, A. DAVID  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433

Title: MGR  
Name: NELSON, STEPHEN C  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433

Title: MGR  
Name: NEIL, JENNIFER M  
Address: 109 NORTH PARK BLVD.  
City-St-Zip: COVINGTON, LA 70433

Title: MGR  
Name: HOUSEY, MELANIE  
Address: 109 NORTHPARK BLVD.  
City-St-Zip: COVINGTON, LA 70433

I hereby 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: JENNIFER M. NEIL

MGR

02/03/2012

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