

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001778

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: STELLAR DISTRIBUTION, LLC

## Current Principal Place of Business:

1736 US HIGHWAY 441  
LEESBURG, FL 34748 US

## New Principal Place of Business:

## Current Mailing Address:

2000 DOGWOOD DRIVE SE  
CONYERS, GA 30013 US

## New Mailing Address:

FEI Number: 58-2439684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEBERT, MARK VP SALE  
1736 US HWY 441  
LEESBURG, FL 34748 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 ( ) Delete  
Name: WILSON, SCOTT PRES  
Address: 2000 DOGWOOD DR SE  
City-St-Zip: CONYERS, GA 30013

Title: MGR ( ) Delete  
Name: ROBERTSON, JOHN VPRES  
Address: 2000 DOGWOOD DR SE  
City-St-Zip: CONYERS, GA 30013

Title: MGR ( ) Delete  
Name: HEBERT, MARK VPRES  
Address: 2000 DOGWOOD DR SE  
City-St-Zip: CONYERS, GA 30013

Title: MGR ( ) Delete  
Name: FARNER, SCOTT VPRES  
Address: 2000 DOGWOOD DR SE  
City-St-Zip: CONYERS, GA 30013

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROLYN CASLOW

MGR

03/20/2009

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