

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001852

**FILED**  
**Mar 21, 2007**  
**Secretary of State**

**Entity Name:** SERVICE SUPPLY DISTRIBUTION, LLC

**Current Principal Place of Business:**

2401 E 13TH AVE.  
CORDELE, GA 31015

**New Principal Place of Business:**

**Current Mailing Address:**

2401 E 13TH AVE.  
CORDELE, GA 31015

**New Mailing Address:**

**FEI Number:** 58-2606945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, WAYNE  
3420 S. FLETCHER AVENUE  
FERNANDINA BEACH, FL 32034 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: ALLIANCE INVESTMENT, & MANAGEMENT C O INC  
Address: PO BOX 278  
City-St-Zip: CORDELE, GA

Title: MGR ( ) Delete  
Name: HUNT, JERRY  
Address: PO BOX 1215  
City-St-Zip: CORDELE, GA

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLIANCE INVESTMENT, & MANAGEMENT C O INC  
Address: PO BOX 278  
City-St-Zip: CORDELE, GA 31010

Title: MGR (X) Change ( ) Addition  
Name: HUNT, JERRY  
Address: PO BOX 1215  
City-St-Zip: CORDELE, GA 31010

I hereby certify that the information supplied with this filing does not qualify for the 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:** TRAVIS M. WHITAKER

CONT

03/21/2007

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