

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000250

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** GEMAIRE DISTRIBUTORS LLC

**Current Principal Place of Business:**

2151 W HILLSBORO BLVD #400  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

2665 S BAYSHORE DRIVE, SUITE 901  
COCONUT GROVE, FL 33133

**New Mailing Address:**

**FEI Number:** 59-1237755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:** MVPS  
**Name:** LOGAN, BARRY S  
**Address:** 2665 S BAYSHORE DRIVE, SUITE 901  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** MGR  
**Name:** MENENDEZ, ANA M  
**Address:** 2665 S BAYSHORE DRIVE, SUITE 901  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** P  
**Name:** RUSH, STEPHEN F  
**Address:** 2151 WEST HILLSBORO BLVD SUITE 400  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**Title:** ASVP  
**Name:** MENENDEZ, ANA M  
**Address:** 2665 S BAYSHORE DR SUITE 901  
**City-St-Zip:** COCONUT GROVE, FL 33133

**Title:** T  
**Name:** MORI, LINA C  
**Address:** 2151 WEST HILLSBORO BLVD SUITE 400  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**Title:** VPT  
**Name:** NG, KENBIAN A  
**Address:** 2151 WEST HILLSBORO BLVD SUITE 400  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

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:** ANA M. MENENDEZ

MGR

04/27/2010

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