

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M06000005938

1. Entity Name  
REPUBLIC NATIONAL DISTRIBUTING COMPANY, LLC



Principal Place of Business  
8045 NORTHCOURT ROAD  
HOUSTON, TX 77040

Mailing Address  
8045 NORTHCOURT ROAD  
HOUSTON, TX 77040



03262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5543506

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000875295  
04/11/08-80026-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DREEBEN, ALAN
STREET ADDRESS	6511 TRI COUNTY PARKWAY
CITY-ST-ZIP	SHERTZ, TX 78154
TITLE	MGR
NAME	BLOCK, EDWARD
STREET ADDRESS	6511 TRI COUNTY PARKWAY
CITY-ST-ZIP	SHERTZ, TX 78154
TITLE	MGR
NAME	GOLDRING, JEFFREY
STREET ADDRESS	809 JEFFERSON HIGHWAY
CITY-ST-ZIP	NEW ORLEANS, LA 70121
TITLE	MGR
NAME	FRANCO, DIANE
STREET ADDRESS	809 JEFFERSON HIGHWAY
CITY-ST-ZIP	NEW ORLEANS, LA 70121
TITLE	MGR
NAME	DAVIS, JAY M
STREET ADDRESS	ONE NATIONAL DRIVE, S.W.
CITY-ST-ZIP	ATLANTA, GA 30331
TITLE	MGR
NAME	ROSENBERG, HERBERT J
STREET ADDRESS	ONE NATIONAL DRIVE, S.W.
CITY-ST-ZIP	ATLANTA, GA 30331

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

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

Date

Daytime Phone #

3/27/08