

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005938

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** REPUBLIC NATIONAL DISTRIBUTING COMPANY, LLC

**Current Principal Place of Business:**

809 JEFFERSON HWY  
NEW ORLEANS, LA 70121

**New Principal Place of Business:**

**Current Mailing Address:**

809 JEFFERSON HWY  
NEW ORLEANS, LA 70121

**New Mailing Address:**

FEI Number: 20-5543506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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: DREEBEN, ALAN  
Address: 6511 TRI COUNTY PARKWAY  
City-St-Zip: SHERTZ, TX 78154

Title: MGR  
Name: BLOCK, EDWARD  
Address: 6511 TRI COUNTY PARKWAY  
City-St-Zip: SHERTZ, TX 78154

Title: MGR  
Name: GOLDRING, JEFFREY  
Address: 809 JEFFERSON HIGHWAY  
City-St-Zip: NEW ORLEANS, LA 70121

Title: MGR  
Name: FRANCO, DIANE  
Address: 809 JEFFERSON HIGHWAY  
City-St-Zip: NEW ORLEANS, LA 70121

Title: MGR  
Name: DAVIS, JAY M  
Address: ONE NATIONAL DRIVE, S.W.  
City-St-Zip: ATLANTA, GA 30331

Title: MGR  
Name: ROSENBERG, HERBERT J  
Address: ONE NATIONAL DRIVE, S.W.  
City-St-Zip: ATLANTA, GA 30331

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: ALAN DREEBEN

MGR

01/05/2011

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