2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# M08000004768

Entity Name: HICO DISTRIBUTING, LLC

Current Principal Place of Business:

2071 W. LOXLEY AVE.
LOXLEY, AL 36551

New Principal Place of Business:

Current Mailing Address:

2071 W. LOXLEY AVE.
LOXLEY, AL 36551

New Mailing Address:

PO BOX 691
LOXLEY, AL 36551

FEI Number: 33-1054888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, JESSICA
895 NORTHG VILLAGE DRIVE, APT. 203
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

JOHNSON, JESSICA
895 NORTH VILLAGE DRIVE
APT. 203
ST. PETERSBURG, FL 33716 US

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: JESSICA JOHNSON 07/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KING, PORTER III
Address: PO BOX 691
City-St-Zip: LOXLEY, AL 36551

Title: MGRM ( ) Delete
Name: KING, CATHY C
Address: PO BOX 691
City-St-Zip: LOXLEY, AL 36551

ADDITIONS/CHANGES:

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: PORTER KING, III MGRM 07/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date