

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004768

**Entity Name:** HICO DISTRIBUTING, LLC

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2071 W. LOXLEY AVE.  
LOXLEY, AL 36551

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 691  
LOXLEY, AL 36551

**New Mailing Address:**

FEI Number: 33-1054888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOHNSON, JESSICA  
895 NORTH VILLAGE DRIVE  
APT. 203  
ST. PETERSBURG, FL 33716 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: MGRM  
Name: KING, PORTER III  
Address: PO BOX 691  
City-St-Zip: LOXLEY, AL 36551

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

Title: MGRM  
Name: JOHNSON, JESSICA C  
Address: 895 NORTH VILLAGE DRIVE, APT. 203  
City-St-Zip: ST PETERSBURG, FL 33716

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: CATHY C. KING

MGRM

02/11/2010

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