LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 009 ****55.00

DOCUMENT # M99000001743

1. Entity Name: Retail Distributors, LLC

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2. Principal Place of Business: 45 Bartlett Street	3. Mailing Address: 951 Broken Sound Pkwy NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 195
City & State: Marlborough, MA	City & State: Boca Raton, FL
Zip: 01752 / Country: USA	Zip: 33487 / Country: USA

4. FEI Number: 043488516 — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	Victor Grillo, Sr.	1017 Grand Cay	Highland Beach, FL 33487
MGRM	Ray Wysocki	15 Stonecroft Circle	Weston, MA 02193

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Victor Grillo — 4-23-02 — 561-999-9441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083B (12/01)