

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099114

**Entity Name:** AVANTCARE DISTRIBUTION, LLC

**Current Principal Place of Business:**

3937 CHIMNEY ROCK RD.  
10  
EDNEYVILLE, NC 28727

**Current Mailing Address:**

PO BOX 526  
EDNEYVILLE, NC 28727

**FEI Number:** 45-1496295

**Certificate of Status Desired:** No

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

BRAWLEY, CAROL  
340 ROYAL POINCIANA WAY  
317/200  
PALM BEACH, FL 33480 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BRAWLEY, CAROL  
Address PO BOX 526  
City-State-Zip: EDNEYVILLE NC 28727

Title MGR  
Name WESTBY-GIBSON, NEIL  
Address PO BOX 526  
City-State-Zip: EDNEYVILLE NC 28727

Title MGR  
Name WESTBY-GIBSON, FRANK  
Address PO BOX 526  
City-State-Zip: EDNEYVILLE NC 28727

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROL BRAWLEY

MGM

03/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date