

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000127741

**Entity Name:** SWEETPRO SOUTHEAST DISTRIBUTOR, LLC

**Current Principal Place of Business:**

15633 CARLTON LAKE RD  
WIMAUMA, FL 33598

**Current Mailing Address:**

PO BOX 204  
BALM, FL 33503 US

**FEI Number:** 46-1148491

**Certificate of Status Desired:** No

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

SHOOP, JERRY L  
15633 CARLTON LAKE RD  
WIMAUMA, FL 33598 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 SHOOP, JERRY L  
Address PO BOX 204  
City-State-Zip: BALM FL 33503

Title MGRM  
Name SHOOP, SANDRA L  
Address PO BOX 204  
City-State-Zip: BALM FL 33503

Title MGRM  
Name SHOOP, BRIAN L  
Address PO BOX 282  
City-State-Zip: BALM FL 33503

Title MGRM  
Name SHOOP, JUSTIN M  
Address 2028 15TH ST SE  
City-State-Zip: RUSKIN FL 33570

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JERRY L. SHOOP

MGRM

02/15/2014

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

\_\_\_\_\_ Date