

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005938

**Entity Name:** REPUBLIC NATIONAL DISTRIBUTING COMPANY, LLC

**Current Principal Place of Business:**

809 JEFFERSON HWY  
NEW ORLEANS, LA 70121

**Current Mailing Address:**

809 JEFFERSON HWY  
NEW ORLEANS, LA 70121

**FEI Number: 20-5543506**

**Certificate of Status Desired: No**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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 MGR  
Name DREEBEN, ALAN  
Address 6511 TRI COUNTY PARKWAY  
City-State-Zip: SHERTZ TX 78154

Title MGR  
Name BLOCK, EDWARD  
Address 6511 TRI COUNTY PARKWAY  
City-State-Zip: SHERTZ TX 78154

Title MGR  
Name DAVIS, JAY M  
Address ONE NATIONAL DRIVE, S.W.  
City-State-Zip: ATLANTA GA 30331

Title MGR  
Name ROSENBERG, HERBERT J  
Address ONE NATIONAL DRIVE, S.W.  
City-State-Zip: ATLANTA GA 30331

*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: EDWARD BLOCK**

**MANAGER**

**03/09/2015**

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

\_\_\_\_\_  
Date