

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007866

Entity Name: SEVEN D WHOLESale - SOUTHERN DIVISION, LLC

Current Principal Place of Business:

C/O THE DEGOL ORGANIZATION, INC.
3229 PLEASANT VALLEY BLVD.
ALTOONA, PA 16602-4435

Current Mailing Address:

C/O THE DEGOL ORGANIZATION, INC.
3229 PLEASANT VALLEY BLVD.
ALTOONA, PA 16602-4435 US

FEI Number: 46-4208667

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEGOL, DONALD A SR.
19 COMMERCE LANE
FREEPORT, FL 32439-3169 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 THE 2007 DONALD A. DEGOL, SR.,
FAMILY TRUS
Address 3229 PLEASANT VALLEY BLVD.
City-State-Zip: ALTOONA PA 16602-4435

Title MGR
Name THE 2007 DAVID A. DEGOL FAMILY
TRUST
Address 3229 PLEASANT VALLEY BLVD.
City-State-Zip: ALTOONA PA 16602-4435

Title MGR
Name THE 2007 GLORIA J. BURGAN FAMILY
TRUST
Address 3229 PLEASANT VALLEY BLVD.
City-State-Zip: ALTOONA PA 16602-4435

Title MGR
Name THE 2007 BRUNO A. DEGOL, JR.,
FAMILY TRUST
Address 3229 PLEASANT VALLEY BLVD.
City-State-Zip: ALTOONA PA 16602-4435

Title MGR
Name THE 2007 DENNIS W. DEGOL FAMILY
TRUST
Address 3229 PLEASANT VALLEY BLVD.
City-State-Zip: ALTOONA PA 16602-4435

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: DONALD A. DEGOL, SR.

MANAGER

03/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date