

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000004210

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC4348206964**

**Entity Name:** ALLIGATOR REEF DISTRIBUTION, INC.

**Current Principal Place of Business:**

44 WEST FLAGLER STREET  
SUITE 1500  
MIAMI, FL 33130

**Current Mailing Address:**

44 WEST FLAGLER STREET  
SUITE 1500  
MIAMI, FL 33130 US

**FEI Number:** 45-4244127

**Certificate of Status Desired:** No

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

BROEKER, DOUGLAS C  
44 WEST FLAGLER STREET  
SUITE 1500  
MIAMI, FL 33130 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

**Officer/Director Detail :**

Title P, T  
Name BROEKER, DOUGLAS C  
Address 44 WEST FLAGLER STREET  
SUITE 1500  
City-State-Zip: MIAMI FL 33130

Title S  
Name BROEKER, WILLIAM G  
Address 44 WEST FLAGLER STREET  
SUITE 1500  
City-State-Zip: MIAMI FL 33130

Title VP  
Name BROEKER, TYLER I  
Address 44 WEST FLAGLER STREET  
SUITE 1500  
City-State-Zip: MIAMI FL 33130

Title VP  
Name BROEKER, MELANIE I  
Address 44 WEST FLAGLER STREET  
SUITE 1500  
City-State-Zip: MIAMI FL 33130

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS C. BROEKER

**REGISTERED AGENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date