

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021565

Entity Name: CHILLED DISTRIBUTORS, LLC

Current Principal Place of Business:

63 WASHINGTON AVE
HOLTSVILLE, NY 11742

Current Mailing Address:

63 WASHINGTON AVE
HOLTSVILLE, NY 11742 US

FEI Number: 27-0204365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTHONY, GRAZIANO S
500 HARBOUR ROAD
NORTH PALM BEACH, FL 33408 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 ANTHONY, GRAZIANO
Address 500 HARBOUR ROAD
City-State-Zip: NORTH PALM BEACH FL 33408

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: ANTHONY S. GRAZIANO

MGR

01/25/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date