

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061169

**FILED**  
**Feb 14, 2015**  
**Secretary of State**  
**CC2743502506**

**Entity Name:** TRIGAL DISTRIBUTORS LLC

**Current Principal Place of Business:**

4712 NW 107TH AVE  
408  
MIAMI, FL 33178

**Current Mailing Address:**

4712 NW 107TH AVE  
408  
MIAMI, FL 33178 US

**FEI Number:** 27-2806089

**Certificate of Status Desired:** No

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

CHAMORRO, MAYDA  
4712 NW 107TH AVE  
408  
MIAMI, FL 33178 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 CHAMORRO, MAYDA  
Address 4712 NW 107TH AVE  
408  
City-State-Zip: MIAMI FL 33178

Title MGRM  
Name SOTOLONGO, DANILO  
Address 4712 NW 107TH AVE  
408  
City-State-Zip: MIAMI FL 33178

*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:** DANILO SOTOLONGO

**MANAGER**

**02/14/2015**

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

\_\_\_\_\_  
Date