

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061169

**FILED  
Mar 16, 2018  
Secretary of State  
CC3706589902**

**Entity Name:** TRIGAL DISTRIBUTORS LLC

**Current Principal Place of Business:**

4632 NW 114TH AVE  
808  
MIAMI, FL 33178

**Current Mailing Address:**

4632 NW 114TH AVE  
808  
MIAMI, FL 33178 US

**FEI Number:** 27-2806089

**Certificate of Status Desired:** No

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

CHAMORRO, MAYDA  
4632 NW 114TH AVE  
808  
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 4632 NW 114TH AVE  
808  
City-State-Zip: MIAMI FL 33178

Title MGRM  
Name SOTOLONGO, DANILO  
Address 4632 NW 114TH AVE  
808  
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:** MAYDA CHAMORRO

**MANAGER**

**03/16/2018**

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

\_\_\_\_\_  
Date