

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000004584

Entity Name: FAMILY DISTRIBUTORS, LLC

Current Principal Place of Business:

6500 NW 12TH AVE
SUITE 117
FT. LAUDERDALE, FL 33309

Current Mailing Address:

6811 NW 15TH AVENUE
FT. LAUDERDALE, FL 33309

FEI Number: 45-4144803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, CHRISTOPHER CPA
6811 NW 15TH AVENUE
FT. LAUDERDALE, FL 33309 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 UNIQUE WHOLESALE
DISTRIBUTORS, INC.
Address 6811 NW 15TH AVENUE
City-State-Zip: FT. LAUDERDALE FL 33309

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: CHRIS COLLINS

CFO

03/29/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date