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.

MANAGER

SIGNATURE: EDUARDO BICERNE

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

ATRIUM REGISTER AGENT INC 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146 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	: JOSE NUNEZ			02/05/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	BICERNE, EDUARDO	Name	DOCAMPO, MARIA RAQUEL	
Address	7500 NW 25TH STREET SUITE 9	Address	7500 NW 25TH STREET SUITE 9	
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122	

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000031082

Entity Name: PATAGONIA DISTRIBUTION, LLC

Current Principal Place of Business:

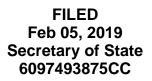
7500 NW 25TH STREET SUITE 9 MIAMI, FL 33122

Current Mailing Address:

7500 NW 25TH STREET SUITE 9 MIAMI, FL 33122 US

FEI Number: 45-4819317

Certificate of Status Desired: No



02/05/2019 Date