

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000076829

**Entity Name:** T&S DISTRIBUTORS MANAGEMENT, LLC

**Current Principal Place of Business:**

5805 BLUE LAGOON DRIVE  
SUITE 220  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DRIVE  
SUITE 220  
MIAMI, FL 33126 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATE ACCESS, INC.  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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 T&S DISTRIBUTORS, LLC  
Address 5805 BLUE LAGOON DRIVE, SUITE  
220  
City-State-Zip: MIAMI FL 33126

*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:** T&S DISTRIBUTORS, LLC

MGR

04/17/2023

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

\_\_\_\_\_ Date