

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000141999

**Entity Name:** LYN TIGER DISTRIBUTORS, LLC.

**Current Principal Place of Business:**

6042 SW 158 PASS  
MIAMI, FL 33193

**Current Mailing Address:**

6042 SW 158 PASS  
MIAMI, FL 33193

**FEI Number:** 46-1729923

**Certificate of Status Desired:** No

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

ESCALONA, NIRLENIS  
6042 SW 158 PASS  
MIAMI, FL 33193 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 ESCALONA, NIRLENIS  
Address 6042 SW 158 PASS  
City-State-Zip: MIAMI FL 33193

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIRLENIS ESCALONA

**OWNER**

**03/14/2013**

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

\_\_\_\_\_  
Date