

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149977

Entity Name: EPOXY DISTRIBUTORS, LLC

Current Principal Place of Business:

400 NE 12 AVENUE
803
HALLANDALE, FL 33009

Current Mailing Address:

400 NE 12 AVENUE
803
HALLANDALE, FL 33009

FEI Number: 37-1753122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGERALD, SAMANTHA J ESQ.
8551 WEST SUNRISE BOULEVARD
301
PLANTATION, FL 33322 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 AUTHORIZED MEMBER
Name LUCARELLI, ALBERTO
Address 400 NE 12 AVENUE
 803
City-State-Zip: HALLANDALE FL 33009

Title AUTHORIZED MEMBER
Name DELLE DONNE, VINCE
Address 400 NE 12TH AVENUE
 603
City-State-Zip: HALLANDALE FL 33009

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: VINCE DELLE DONNE

MEMBER

04/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date