## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149977

Entity Name: EPOXY DISTRIBUTORS, LLC

**Current Principal Place of Business:** 

400 NE 12TH AVENUE

803

HALLANDALE, FL 33009

**Current Mailing Address:** 

400 NE 12TH AVENUE

803

HALLANDALE, FL 33009 US

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

FILED Mar 01, 2016

**Secretary of State** 

CC9916213831

## Authorized Person(s) Detail:

Title AUTHORIZED MEMBER
Name LUCARELLI, ALBERTO
Address 400 NE 12TH AVENUE

803

City-State-Zip: HALLANDALE FL 33009

SIGNATURE: ALBERTO LUCARELLI

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.

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED MEMBER

03/01/2016

Date