

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000019096

Entity Name: ES DISTRIBUTIONS, LLC.

Current Principal Place of Business:

1400 NW 96TH AVE
DORAL, FL 33172

Current Mailing Address:

1400 NW 96TH AVE
DORAL, FL 33172 US

FEI Number: 47-2992327

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHLESKE, HECTOR G
1400 NW 96TH AVE
DORAL, FL 33172 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: HECTOR SCHLESKE

04/27/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------------|
| Title | MGR | Title | MGR |
| Name | SCHLESKE, HECTOR G | Name | ESCOBAR, JAIME E |
| Address | 8505 MILLER DRIVE | Address | 6340 NW 114TH AVE, UNIT 421 |
| City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | MIAMI FL 33178 |
| | | | |
| Title | MANAGER | | |
| Name | NICOLAS, CASTELLANOS | | |
| Address | 10000 NW 86TH TERRACE | | |
| City-State-Zip: | MIAMI FL 33178 | | |

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: HECTOR SCHLESKE

MANAGER

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date