

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000019096

**Entity Name:** ES DISTRIBUTIONS, LLC.

**Current Principal Place of Business:**

8939 NW 23RD ST  
DORAL, FL 33172

**Current Mailing Address:**

8939 NW 23RD ST  
DORAL, FL 33172 US

**FEI Number:** 47-2992327

**Certificate of Status Desired:** Yes

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

SCHLESKE, HECTOR G  
1060 SAN PEDRO AVE  
MIAMI, FL 33156 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

04/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SCHLESKE, HECTOR G	Name	ESCOBAR, JAIME E
Address	1060 SAN PEDRO AVE	Address	6340 NW 114TH AVE, UNIT 421
City-State-Zip:	MIAMI FL 33156	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 G SCHLESKE

**PARTNER**

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date