# 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

### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000127493

Entity Name: EVERGLADES DISTILLERS LLC

## **Current Principal Place of Business:**

160 AIRPARK BLVD **UNIT 104** IMMOKALEE, FL 34142

#### **Current Mailing Address:**

4281 68TH AVE NE NAPLES, FL 34120 US

### FEI Number: 47-4666898

## Name and Address of Current Registered Agent:

FOCUSED VISION CFO'S LLC 6373 LIBERTY ST, AVE MARIA, FL 34142 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	STEVEN JONES			02/03/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AUTHORIZED MEMBER	
Name	CALDERON, JOSE JAVIER	Name	ROJAS, ADRIANA	
Address	4281 68TH AVE NE	Address	4281 68TH AVE NE,	
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34120	

SIGNATURE: JOSE JAVIER CALDERON MANAGER

02/03/2020

Secretary of State 6187450273CC

FILED Feb 03, 2020

Certificate of Status Desired: Yes

Date