84 LAURIE DR NE			
FT WALTON BEACH, FL 32548			
Current Mailing Address:			
84 LAURIE DR FT WALTON BEACH, FL 32548			
FEI Number: 81-1217556		Certificate of Status Desire	ed: No
Name and Address of Current Register	ed Agent:		
5			
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US			
MEASHEY, SETH M 84 LAURIE DR NE	bose of changing its registered office or regis	tered agent, or both, in the State of Floric	da.
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US	bose of changing its registered office or regis		^{ia.} 02/11/2017
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US The above named entity submits this statement for the purp			
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US The above named entity submits this statement for the purp SIGNATURE: SETH M MEASHEY			02/11/2017
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US The above named entity submits this statement for the purp SIGNATURE: <u>SETH M MEASHEY</u> Electronic Signature of Registere			02/11/2017
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US The above named entity submits this statement for the purp SIGNATURE: <u>SETH M MEASHEY</u> Electronic Signature of Registere Authorized Person(s) Detail :	d Agent		02/11/2017
MEASHEY, SETH M 84 LAURIE DR NE FT WALTON BEACH, FL 32548 US The above named entity submits this statement for the purp SIGNATURE: <u>SETH M MEASHEY</u> Electronic Signature of Registered Authorized Person(s) Detail : Title MGR	d Agent Title	MANAGER	02/11/2017

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: SETH M MEASHEY

02/11/2017 **REGISTERED AGENT**

Electronic Signature of Signing Authorized Person(s) Detail

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000004756

Entity Name: CLM DISTRIBUTING LLC

Current Principal Place of Business:

FILED Feb 11, 2017 Secretary of State CC0734174709