

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000013975

**Entity Name:** SQUAD DISTRIBUTION LLC

**Current Principal Place of Business:**

908 NE 2ND STREET  
HALLANDALE, SE 33009

**Current Mailing Address:**

908 NE 2ND STREET  
HALLANDALE, SE 33009 US

**FEI Number: 81-1298529**

**Certificate of Status Desired: Yes**

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

GARCIA, BENJAMIN  
908 NE 2ND STREET  
HALLANDALE, FL 33009 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

**Authorized Person(s) Detail :**

Title MGR  
Name FORTMAN, ANDREW  
Address 1727 SW 21ST STREET  
City-State-Zip: FORT LAUDERDALE FL 33315

Title MGR  
Name GARCIA, BENJAMIN  
Address 908 NE 2ND STREET  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name LEVINS, TRAVIS  
Address 5055 SW 28TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGR  
Name ECHEVERRIA, MANUEL  
Address 908 NE 2ND STREET  
City-State-Zip: HALLANDALE FL 33009

*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: BENJAMIN GARCIA**

**OWNER**

**01/09/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date