

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000022800

Entity Name: WLC DISTRIBUTION, LLC**Current Principal Place of Business:**125 MCCARTY CIR
JOHNS CREEK, GA 30097**Current Mailing Address:**125 MCCARTY CIRCLE
JOHNS CREEK, GA 30097 UN**FEI Number:** 83-3232275**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCBURNEY, CHARLES W ESQ
6320 ST. AUGUSTINE RD.
SUITE 6B
JACKSONVILLE, FL 32217 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 | GARRETTE, MEREDITH |
| Address | 125 MCCARTY CIRCLE |
| City-State-Zip: | JOHNS CREEK GA 30097 |

| | |
|-----------------|--------------------|
| Title | MBR |
| Name | HANCHEY, WARREN E |
| Address | 125 MCCARTY CIRCLE |
| City-State-Zip: | JOHNS CREEK 30097 |

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|-----------------|----------------------|
| Title | MBR |
| Name | HANCHEY, MICHELLE M |
| Address | 125 MCCARTY CIRCLE |
| City-State-Zip: | JOHNS CREEK GA 30097 |

| | |
|-----------------|----------------------|
| Title | MBR |
| Name | HANCHEY, TROY |
| Address | 1290 S. WILLIAMS ST. |
| City-State-Zip: | DENVER CO 80210 |

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: WARREN HANCHEY

MBR

01/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date