

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000226077

Entity Name: LEFTCOAST DISTRIBUTION LLC

Current Principal Place of Business:

5209 LAKE VILLAGE DR
SARASOTA, FL 34235

Current Mailing Address:

5209 LAKE VILLAGE DR
SARASOTA, FL 34235

FEI Number: 84-2874349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RINI, SALVATORE N
5209 LAKE VILLAGE DR
SARASOTA, FL 34235 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	AMBR	Title	AMBR
Name	RINI, SALVATORE N	Name	RINI, ASHLEY N
Address	5209 LAKE VILLAGE DR	Address	5209 LAKE VILLAGE DR
City-State-Zip:	SARASOTA FL 34235	City-State-Zip:	SARASOTA FL 34235

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: SALVATORE N RINI

MEMBER

01/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date