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

SIGNATURE: ANDRES CARDENAS

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 10727 NW 80TH LN DORAL, FL 33178

Entity Name: RA DISTRIBUTION USA LLC

Current Mailing Address:

DOCUMENT# L20000351507

10727 NW 80TH LN DORAL. FL 33178 UN

FEI Number: 85-3943604

Name and Address of Current Registered Agent:

CARDENAS, ANDRES 10727 NW 80TH LN DORAL, FL 33178 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

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CARDENAS, ANDRES	Name	CHICA, RONALD
Address	10727 NW 80TH LN	Address	6492 SW 28TH ST
City-State-Zip:	DORAL FL 33178	City-State-Zip:	MIRAMAR FL 33023

that my name appears above, or on an attachment with all other like empowered.

VICE PRESIDENT

04/06/2021

Date

FILED Apr 06, 2021 Secretary of State 9217153001CC

Certificate of Status Desired: No

Date