Electronic Signature of Signing Authorized Person(s) Detail

### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000345941

# Entity Name: FOUNDERS DISTRIBUTING COMPANY LLC

## **Current Principal Place of Business:**

5370 W STATE RD84 BAY #7 DAVIE, FL 33314

#### **Current Mailing Address:**

5370 W STATE RD84 **BAY #7** DAVIE, FL 33314

#### FEI Number: 88-3580619

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

ARBOS, MICHAEL 5370 W STATE RD 84 BAY #7 DAVIE, FL 33314 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

## Authorized Person(s) Detail ·

Authorized Person(s) Detail .			
Title	PRES	Title	SECRETARY
Name	ARBOS, MICHAEL	Name	ARBOS, VICTORIA
Address	5370 W STATE RD 84 BAY #7	Address	5370 W STATE RD84
City-State-Zip:	DAVIE FL 33314	Citv-State-Zip:	BAY#7 DAVIE FL 33314

04/30/2024 PRESIDENT

# FILED Apr 30, 2024 Secretary of State 9290992936CC

Certificate of Status Desired: No

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: MICHAEL ARBOS

Date

Date