## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000364353

**Entity Name: CASCADE DISTRIBUTION LLC** 

Current Principal Place of Business:

500 N ANDREWS AVE #622 FORT LAUDERDALE. FL 33301

## **Current Mailing Address:**

500 N ANDREWS AVE#622 FORT LAUDERDALE. FL 33301

FEI Number: 88-3773599 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 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

FILED Feb 13, 2023

**Secretary of State** 

0105817642CC

## Authorized Person(s) Detail:

Title AMBR

Name BLOUIN, BRIAN

Address 500 N ANDREWS AVE #622

City-State-Zip: FORT LAUDERDALE FL 33301

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: BRIAN BLOUIN MEMBER 02/13/2023