

**2021 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M19000009549

**Entity Name:** LIBERATION DISTRIBUTION, LLC

**Current Principal Place of Business:**

4901 SAVARESE CIRCLE N.  
SUITE:1  
TAMPA, FL 33634

**FILED**  
**Jan 20, 2021**  
**Secretary of State**  
**3776745669CR**

**Current Mailing Address:**

6980 SANTA TERESA BLVD.  
SUITE:201  
SAN JOSE, CA 95119 US

**FEI Number: 83-3437940**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CT

01/20/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DURZY, CHERYL M  
Address 6980 SANTA TERESA BLVD.  
SUITE:201  
City-State-Zip: SAN JOSE CA 95119

Title MGR  
Name COLE, THOMAS C  
Address ONE NATIONAL DR. S.W.  
City-State-Zip: ATLANTA GA 30331

Title MGR  
Name BRASHEARS, RICHARD V  
Address 6980 SANTA TERESA BLVD.  
SUITE:201  
City-State-Zip: SAN JOSE CA 95119

Title MGR  
Name MEHALL, NICHOLAS M  
Address ONE NATIONAL DR. S.W.  
City-State-Zip: ATLANTA GA 30331

Title DIRECTOR OF FINANCE  
Name NAYLOR, SCOTT  
Address 6980 SANTA TERESA BLVD.  
SUITE:201  
City-State-Zip: SAN JOSE CA 95119

*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:** SCOTT NAYLOR

**DIRECTOR OF FINANCE**

01/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date