1. Entity Nar	MENT # L00000	015927			4 2				
•	ne R Distribution, LLC				[	FILED	•		
					01 SE	P 14 PM	12: 17		•
•	ce of Business	Mailing Address		,	•				-
ONE SE THI MIAMI FL 33	RD AVE., 15TH FLOOR 1731	ONE SE THIRD AVE 15' MIAMI FL 33131	TH FLOOR		TALLAH	TARY OF ST ASSEE, FLO	ORID <b>A</b>		
		·		i	1 (88)(8)(	THE STATE STATE STATE OF	1310 802 803 100	ar arna rawa	1(3(t 166) (16)
	Place of Business Hallamble Ach Blvd.	3. Mailing Address	nochle B	ah Run					
Suite, Apt		Suite, Apt. #, etc.	ur Cur I	<u> </u>		DO NOT WR	RITE IN THIS SP	ACE	
City & Sta		City & State		4.	FEI Number		B	Ar	oplied For
Hallan Zip	dale, FI Country	Hallandale,	Country			06267	_ ¢	5.00 Add	ot Applicable
-93000		-32009	USA -			f Status Desired	. Fe	e Require	
<del></del>	6. Name and Address of Current	Hegistered Agent	Name		Name and A	ddress of New	Registered Ag	ent	
BERKOWITZ, RICHARD A ONE SE THIRD AVE., 15TH FLOOR			Stree	Street Address (P.O. Box Number is Not Acceptable)					
	AMI FL 33131			<del>_</del>			•		
			City		-		FL	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its	registered office	or registered a	gent, or both	, in the State of F			
	Company On the State of								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent sig	nature required when			DATE		
	Signature, typed or printed name of registered agent a	FILE N	OW!!! FEE IS	\$50.00	50	00046 -09/25/	5095	4500	— 6
	Signature, typed or printed name of registered agent a	FILE No Make Check Pa	OW!!! FEE IS	\$50.00 artment of Sta	50	-09/25/		0600	38
SIGNATURE	MANAGING MEMBEI	FILE No Make Check Pa Due By RS/MANAGERS	OW!!! FEE IS	\$50.00 artment of Sta	50	-09/25/ *****	5095·	0600	38
SIGNATURE	MANAGING MEMBEI	FILE No Make Check Pa Due By RS/MANAGERS	OW!!! FEE IS yable to Depa September 2	\$50.00 artment of Sta	50	-09/25/ *****	SO95 701010 50.00 *	0600	38
9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI Managing Member Roberto Szerer 11606 Hallandale Bo	FILE NO Make Check Pa Due By  RS/MANAGERS  Delete	OW!!! FEE IS yable to Depa y September 2  10.  TITLE NAME STREET ADDRES	\$50.00 entment of Sta 6, 2001	50	-09/25/ *****	SO95 701010 50.00 *	060( *****5	0.00 0.00
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