

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000012167

**Entity Name:** F&X DISTRIBUTORS LLC

**Current Principal Place of Business:**

450 TAMARIND PARK LN  
KISSIMMEE, FL 34758

**Current Mailing Address:**

450 TAMARIND PARK LN  
KISSIMMEE, FL 34758 US

**FEI Number:** 20-2304506

**Certificate of Status Desired:** No

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

FALCKENHEINER, XAVIER M  
450 TAMARIND PARK LN  
KISSIMMEE, FL 34758 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	FALCKENHEINER, XAVIER M	Name	FALCKENHEINER, FLOR M
Address	450 TAMARIND PARK LN	Address	450 TAMARIND PARK LN
City-State-Zip:	KISSIMMEE FL 34758	City-State-Zip:	KISSIMMEE FL 34758
Title	SALE MANAGER		
Name	FALCKENHEINER, PAULO XAVIER SR.		
Address	450 TAMARIND PARK LN		
City-State-Zip:	KISSIMMEE FL 34758		

*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:** XAVIER M FALCKENHEINER

**PRESIDENT**

**04/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date