

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000122001

**Entity Name:** BLACK DIAMOND DISTRIBUTION LLC

**Current Principal Place of Business:**

633 TAMIAMI TRAIL N,  
SUITE 300  
NAPLES, FL 34102

**Current Mailing Address:**

633 TAMIAMI TRAIL N,  
SUITE 300  
NAPLES, FL 34102 US

**FEI Number:** 45-3721819

**Certificate of Status Desired:** No

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

WATTS, CHAD  
4172 CRESCENT COURT  
NAPLES, FL 34119 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	MGRM	Title	MANAGER
Name	WATTS, CHAD A	Name	SIMMONS, TOMMY
Address	3963 EXCHANGE AVE A	Address	3963 EXCHANGE AVE A
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104

*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:** CHAD ALLEN WATTS

**PRESIDENT**

**04/06/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date