that my name appears above, or on an attachment with all other like empowered. SIGNATURE: SADIE TURNER MGR

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 8409 LAUREL FAIR CIRCLE

Entity Name: DS DISTRIBUTING, LLC

SUITE 102 TAMPA, FL 33610

Current Mailing Address:

DOCUMENT# L11000125018

8409 LAUREL FAIR CIRCLE SUITE 102 TAMPA, FL 33610

FEI Number: 45-3993692

Name and Address of Current Registered Agent:

ALMERICO, KENDALL A 4350 W. CYPRESS ST. SUITE 820 TAMPA, FL 33607 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	MGR
Name	MOSKOWITZ, DANNY	Name	TURNER, SADIE
Address	8409 LAUREL FAIR CIRCLE SUITE 102	Address	8409 LAUREL FAIR CIRCLE SUITE 102
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33610

Certificate of Status Desired: No

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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 608, Florida Statutes; and