**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Sep 22, 2016**
**Secretary of State**
**CC6063293015**

DOCUMENT# L15000044921

**Entity Name:** L. C. S DISTRIBUTOR LLC

**Current Principal Place of Business:**

6401 LIBERTY ST
AVE MARIA, FL 34142

**Current Mailing Address:**

400 N STATE RD 7
STE 409
LAUDERDALE LAKES, FL 33319 US

**FEI Number: 47-3517747**

**Certificate of Status Desired:** No

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

CLARKE, LLEWLYN
6401 LIBERTY ST
AVE MARIA, FL 34142 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 | P |
| Name | CLARKE, LLEWLYN |
| Address | 6401 LIBERTY ST |
| City-State-Zip: | AVE MARIA FL 34142 |

*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: LLEWLYN CLARKE PRESIDENT 09/22/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date