

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000106551

**Entity Name:** THE LUB DISTRIBUTOR LLC

**Current Principal Place of Business:**

71ST, SAN FRANCISCO, PH MORICA  
OFFICE 10-02  
PANAMA CITY,

**Current Mailing Address:**

71ST, SAN FRANCISCO, PH MORICA  
OFFICE 10-02  
PANAMA CITY, PA

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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           SOLE MANAGER  
Name           MEDINA, AARON  
Address        71ST, SAN FRANCISCO, PH MORICA  
                  OFFICE 10-02  
City-State-Zip: PANAMA CITY

*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: AARON MEDINA**

**SOLE MANAGER**

**04/29/2017**

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

\_\_\_\_\_ Date