

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000262356

Entity Name: DISTINGUISHED INVESTMENTS, LLC**Current Principal Place of Business:**365 W. TAFT-VINELAND RD.
SUITE 105
ORLANDO, FL 32824**Current Mailing Address:**365 W. TAFT-VINELAND RD.
SUITE 105
ORLANDO, FL 32824 US**FEI Number:** 82-3921878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHALIFOUX, DEBBE R
6105 LAKE LIZZIE DR.
SAINT CLOUD, FL, FL 34771 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
Name RUSSELL, JOHN B
Address 2645 CHEROKEE RD.
City-State-Zip: SAINT CLOUD FL 34772Title MGR
Name COMINS, CHRISTOPHER
Address 6143 PINECASTLE BLVD
City-State-Zip: ORLANDO FL 32809Title MGR
Name PETER MADISON MANAGEMENT,LLC
Address 6545 CAY CIRCLE
City-State-Zip: ORLANDO FL 32809Title AP
Name CHALIFOUX, DEBBE R
Address 6105 LAKE LIZZIE DR.
City-State-Zip: SAINT CLOUD FL 34771

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: DEBBE CHALIFOUX

AP

02/18/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date