

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000252088

**Entity Name:** DISTRIBUTOR SERVICES DS LLC

**Current Principal Place of Business:**

8055 NORTHWEST 8TH STREET  
APT 2  
MIAMI, FL 33126

**Current Mailing Address:**

8055 NORTHWEST 8TH STREET  
APT 2  
MIAMI, FL 33126 UN

**FEI Number:** 92-0954398

**Certificate of Status Desired:** No

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

SANCHEZ, DENNIS SR  
8055 NORTHWEST 8TH STREET  
APT 2  
MIAMI, FL 33126 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 AR  
Name SANCHEZ, DENNIS  
Address 8055 NORTHWEST 8TH STREET UNIT  
2  
City-State-Zip: MIAMI 33126

Title AR  
Name ALVAREZ, NYDIA  
Address 8055 NORTHWEST 8TH STREET UNIT  
2  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name SANCHEZ, DENISSE  
Address 8055 NORTHWEST 8TH STREET UNIT  
2  
City-State-Zip: MIAMI 33126

Title AR  
Name SANCHEZ, JOSHUA  
Address 8055 NORTHWEST 8TH STREET UNIT  
2  
City-State-Zip: MIAMI FL 33126

*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:** DENISSE SANCHEZ

**MGR**

**01/16/2023**

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

\_\_\_\_\_  
Date