

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002600

Entity Name: TRI VANTAGE DISTRIBUTION, LLC**Current Principal Place of Business:**11431 NW 107 ST
STE 19
MIAMI, FL 33178**Current Mailing Address:**1831 N PARK AVE
BURLINGTON, NC 27217 US**FEI Number:** 26-1995615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VP
Name	STEED, DEREK B
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

Title	VP
Name	MATHEWS, CHRISTINE S
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

Title	PRESIDENT
Name	ELLINGTON, STEVEN L
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

Title	EVP
Name	WHITNEY, LEE F
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

Title	VP
Name	COATES, JOHN
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

Title	VP
Name	KELLEY, BRET
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

Title	CEO
Name	OEHMIG IV, CARL GOTTLIEB
Address	1831 N PARK AVE
City-State-Zip:	BURLINGTON NC 27217

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: DEREK B. STEED

VP

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date