

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000348

Entity Name: FLORIDA DISTRIBUTING MANAGEMENT, L.L.C.

Current Principal Place of Business:

6250 N. RIVER ROAD
SUITE 9000
ROSEMONT, IL 60018

Current Mailing Address:

6250 N. RIVER ROAD
SUITE 9000
ROSEMONT, IL 60018 US

FEI Number: 27-4639166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 REYES, J. CHRISTOPHER
Address 777 S. FLAGLER DRIVE
SUITE 1500
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR
Name REYES, M. JUDE
Address 777 S. FLAGLER DRIVE
SUITE 1500
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR
Name REYES, DAVID K
Address 777 S. FLAGLER DRIVE
SUITE 1500
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR
Name REYES, JAMES
Address 6250 N. RIVER ROAD, SUITE 9000
ROSEMONT IL
City-State-Zip: ROSEMONT IL 60018

Title MGR
Name REYES, THOMAS
Address 6250 N. RIVER ROAD, SUITE 9000
ROSEMONT IL
City-State-Zip: ROSEMONT IL 60018

Title SECRETARY
Name GIAMPIETRO, NICHOLAS L
Address 6250 N. RIVER ROAD
SUITE 9000
City-State-Zip: ROSEMONT IL 60018

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: NICHOLAS L. GIAMPIETRO

SECRETARY

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date