

**2022 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**

**04/08/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date