

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000001446

**Entity Name:** OPTICAL DISTRIBUTOR GROUP, LLC

**Current Principal Place of Business:**

12301 N.W. 39TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12301 N.W. 39TH STREET  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 43-1995076

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 BURKE, TOM  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name DELL, MICHAEL  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name MURPHY, BRIAN  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name BONO, MICHAEL  
Address 12301 NW 39TH STREET  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** TOM BURKE

**MANAGER, BY** THERESA 04/07/2023  
FAGAN, ATTORNEY-IN-  
FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date