

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023765

**Entity Name:** GJB CONSULTING LLC

**Current Principal Place of Business:**

100 S.E. 2ND STREET  
44TH FLOOR  
MIAMI, FL 33131

**FILED**  
**Mar 20, 2013**  
**Secretary of State**  
**CC3334494142**

**Current Mailing Address:**

100 S.E. 2ND STREET  
44TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MALOOF, AL  
100 S.E. SECOND STREET  
44TH FLOOR  
MIAMI, FL 33131 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 GENOVESE, JOHN  
Address 100 SE 2ND ST, 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name JOBLOVE, MIKE  
Address 100 SE 2ND ST, 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name MALOOF, AL  
Address 100 SE 2ND ST, 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name BATTISTA, PAUL J  
Address 100 SE 2ND ST, 44TH FLOOR  
City-State-Zip: MIAMI FL 33131

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MALOOF, AL

**MGRM**

**03/20/2013**

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

\_\_\_\_\_  
Date