

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053404

**Entity Name:** GFTF, LLC

**Current Principal Place of Business:**

2914 SOUTH SHERIDAN WAY  
SUITE 301  
OAKVILLE, ONTARIO L6J 7L8

**Current Mailing Address:**

2914 SOUTH SHERIDAN WAY  
SUITE 301  
OAKVILLE, ONTARIO L6J 7L8 CA

**FEI Number:** 98-0582675

**Certificate of Status Desired:** No

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

WEISS, BRAD RESQ.  
5661 UNIVERSITY DRIVE, #102  
CORAL SPRINGS, FL 33067 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 REDMOND, ANDY  
Address 2914 SOUTH SHERIDAN WAY  
SUITE 301  
City-State-Zip: OAKVILLE ONTARIO L6J 7L8

Title MGR  
Name SHAVER, STEPHEN  
Address 2914 SOUTH SHERIDAN WAY  
SUITE 301  
City-State-Zip: OAKVILLE ONTARIO L6J 7L8

Title MANAGER  
Name GARCIA, EDDIE  
Address 7400 NW 37 AVE.  
City-State-Zip: MIAMI FL 33147

*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:** STEPHEN SHAVER

**MANAGER**

**02/01/2024**

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

\_\_\_\_\_  
Date