## Certificate of Status Desired: No 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: BERNARD P CONIFF 04/28/2017 Date Electronic Signature of Registered Agent Authorized Person(s) Detail : Title MGRM Title MGRM

Name

Address

City-State-Zip:

CONIFF, BERNARD P

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: ELIZABETH BRACERAS

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100254

Entity Name: GEB LLC

### **Current Principal Place of Business:**

760 PONCE DE LEON BLVD S-107 CORAL GABLES, FL 33134

### **Current Mailing Address:**

760 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

#### FEI Number: 80-0288944

# Name and Address of Current Registered Agent:

BRACERAS. ELIZABETH

3071 SW 114 AVENUE

760 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US

City-State-Zip: MIAMI FL 33165

Name

Address

FILED Apr 28, 2017 Secretary of State CC9375997594

BRACERAS, GISELE

MIAMI FL 33175

PRESIDENT

13360 SW 25TH STREET

04/28/2017 Date