

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013388

**Entity Name:** GAU FLORIDA LLC

**Current Principal Place of Business:**

10989 NW 65TH STREET  
DORAL, FL 33178

**Current Mailing Address:**

1000 BRICKELL AVENUE, 400  
MIAMI, FL 33131 US

**FEI Number:** 68-0677871

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, 400  
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	Title	MGR
Name	GAROFALO, BONI	Name	GAROFALO, IGNACIO ENRIQUE
Address	10989 NW 65TH STREET	Address	10989 NW 65TH STREET
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** GAROFALO , BONI

MGR, CMS AUTH REP

03/14/2022

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

\_\_\_\_\_  
Date