

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100955

**Entity Name:** GIMAR LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD  
501  
CORAL GABLES , FL 33134

**Current Mailing Address:**

PO BOX 310176  
MIAMI, FL 33231 US

**FEI Number:** 27-1151690

**Certificate of Status Desired:** No

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

AMITIE USA CORP  
1805 PONCE DE LEON BLVD  
501  
CORAL GABLES , FL 33134 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:** MONICA MAYER

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WYROD CORPORATION  
Address WICKHAMS CAY P.O BOX 662  
City-State-Zip: ROAD TOWNN TORTOLA

*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:** ANDRES GIAMICHELLE

MEMBER

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date