# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L11000016574

#### Entity Name: G-MA MANAGEMENT LLC

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

2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133

### **Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133

# FEI Number: 27-4842720

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

LOGAN, BARRY S 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133 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

# Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	NAHMAD, ALBERT H	Name	CUSTER, MICHAEL
Address	2665 SOUTH BAYSHORE DRIVE, SUITE 901	Address	2665 SOUTH BAYSHORE DRIVE, SUITE 901
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	MANAGER		
Title Name	MANAGER NAHMAD, AARON J		
Name	NAHMAD, AARON J 2665 S BAYSHORE DRIVE		

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: ALBERT NAHMAD

MANAGER

01/09/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 09, 2017 Secretary of State CC8142538086

Certificate of Status Desired: No