

**2020 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**Certificate of Status Desired:** No**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

Date

**Authorized Person(s) Detail :**

|                 |   |
|-----------------|---|
| Title           | MGR                                     |
| Name            | NAHMAD, ALBERT H                        |
| Address         | 2665 SOUTH BAYSHORE DRIVE,<br>SUITE 901 |
| City-State-Zip: | COCONUT GROVE FL 33133                  |

|                 |   |
|-----------------|---|
| Title           | MANAGER                                 |
| Name            | CUSTER, MICHAEL                         |
| Address         | 2665 SOUTH BAYSHORE DRIVE,<br>SUITE 901 |
| City-State-Zip: | COCONUT GROVE FL 33133                  |

|                 |                              |
|-----------------|------------------------------|
| Title           | MANAGER                      |
| Name            | NAHMAD, AARON J              |
| Address         | 2665 S BAYSHORE DRIVE<br>901 |
| City-State-Zip: | MIAMI FL 33133               |

|                 |                            |
|-----------------|----------------------------|
| Title           | MANAGER                    |
| Name            | SCHIMEL, VALERIE F         |
| Address         | 2665 S BAYSHORE DRIVE #901 |
| City-State-Zip: | MIAMI FL 33133             |

*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

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date