## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000013382 Entity Name: GEXTRIM,LLC

**Current Principal Place of Business:** 

16007 LAUREL CREEK DR. DELRAY BEACH, FL 33446

**Current Mailing Address:** 

16007 LAUREL CREEK DR. DELRAY BEACH, FL 33446 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HANANIA, DAVID MR. 16007 LAUREL CREEK DR. DELRAY BEACH, FL 33446 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

**FILED** Apr 14, 2016

**Secretary of State** 

CC4244727741

Authorized Person(s) Detail :

Title MGRM Title MGRM

HANANIA, DAVID HANANIA, DAVID Name Name

16007, LAUREL CREEK DR. Address 16007 LAUREL CREEK DR. Address City-State-Zip: DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 City-State-Zip:

Title **MGRM** Title **MGRM** 

Name HANANIA, DAVID HANANIA, DAVID Name

16007 LAUREL CREEK DR. Address Address 16007 LAUREL CREEK DR. DELRAY BEACH, FL 33446 City-State-Zip: City-State-Zip: DELRAY BEACH FL 33446

Title **MGRM** Title **MGRM** 

Name HANANIA, DAVID Name HANANIA. DAVID

Address 16007 LAUREL CREEK DR. 16007 LAUREL CREEK DR. Address City-State-Zip: DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 City-State-Zip:

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.

04/14/2016 **MANAGER** SIGNATURE: DAVID HANANIA