

2015 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**Authorized Person(s) Detail :**

Title MGRM
Name HANANIA, DAVID
Address 16007, LAUREL CREEK DR.
City-State-Zip: DELRAY BEACH FL 33446

Title MGRM
Name HANANIA, DAVID
Address 16007 LAUREL CREEK DR.
City-State-Zip: DELRAY BEACH FL 33446

Title MGRM
Name HANANIA, DAVID
Address 16007 LAUREL CREEK DR.
City-State-Zip: DELRAY BEACH FL 33446

Title MGRM
Name HANANIA, DAVID
Address 16007 LAUREL CREEK DR.
City-State-Zip: DELRAY BEACH, FL 33446

Title MGRM
Name HANANIA, DAVID
Address 16007 LAUREL CREEK DR.
City-State-Zip: DELRAY BEACH FL 33446

Title MGRM
Name HANANIA, DAVID
Address 16007 LAUREL CREEK DR.
City-State-Zip: DELRAY BEACH FL 33446

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: DAVID HANANIA

MGRM

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date