

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000019125

**Entity Name:** GOTJJE, LLC**Current Principal Place of Business:**1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146**Current Mailing Address:**1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146**FEI Number:** 45-4634224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATRIUM REGISTERED AGENTS. INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146 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	P
Name	SZKOLNIK, JACOBO
Address	1500 SAN REMO AVE., SUITE 125
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	SZKOLNIK, JOHN
Address	1500 SAN REMO AVE., SUITE 125
City-State-Zip:	CORAL GABLES FL 33146

Title	CEO
Name	SZKOLNIK, JOHN
Address	1500 SAN REMO AVE., SUITE 125
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	SZKOLNIK, EDUARDO
Address	1500 SAN REMO AVE., SUITE 125
City-State-Zip:	CORAL GABLES FL 33146

Title	COO
Name	SZKOLNIK, EDUARDO
Address	1500 SAN REMO AVE., SUITE 125
City-State-Zip:	CORAL GABLES FL 33146

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN SZKOLNIK**DIRECTOR****04/17/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date