

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017429

FILED
Mar 03, 2019
Secretary of State
5554623981CC

Entity Name: TREBIZOND INVESTMENTS LLC

Current Principal Place of Business:

C/O GFB TAX 2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331

Current Mailing Address:

C/O GFB TAX 2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331 US

FEI Number: 30-0764255

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GFB TAX SERVICE LLC
2833 EXECUTIVE PARK DR
SUITE 200
WESTON, FL 33331 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: GASTON F BELEN

03/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	TREBIZOND A.G.	Name	BELEN, GASTON F
Address	C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200	Address	C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331
Title	MGR	Title	MANAGER
Name	BARAKAT, HORACIO	Name	CEJAS, PABLO MARTIN
Address	C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200	Address	C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331
Title	MANAGER	Title	MANAGER
Name	CEJAS, ALEJANDRO AGUSTIN	Name	CEJAS, JORGE RICARDO
Address	C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200	Address	C/O GFB TAX 2833 EXECUTIVE PARK DR SUITE 200
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

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: PABLO CEJAS

MANAGER

03/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date