that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YASMIN RAMOS

City-State-Zip: REUNION FL 34747

**UNIT 102** REUNION, FL 34747 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: YASMIN RAMOS

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Authorized Ferson(3) Detail .	
Title	MGR
Name	RAMOS, YASMIN
Address	1116 SUNSET VIEW CIRCLE UNIT 102
City State 7in:	DELINION EL 24747

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: GEGA PROFESSIONAL SERVICES LLC

### **Current Principal Place of Business:**

1116 SUNSET VIEW CIRCLE **UNIT 102** REUNION, FL 34747

#### **Current Mailing Address:**

1116 SUNSET VIEW CIRCLE **UNIT 102** REUNION, FL 34747

#### FEI Number: 46-3078918

1116 SUNSET VIEW CIRCLE

RAMOS, YASMIN

#### Name and Address of Current Registered Agent:

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

#### FILED Apr 10, 2016 Secretary of State CR6268739107

Certificate of Status Desired: No

04/10/2016 Date

04/10/2016

Date