

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000172960

**Entity Name:** GI SHAVINGS LLC

**Current Principal Place of Business:**

1130 E. HALLANDALE BEACH BLVD  
SUITE 1130C  
HALLANDALE, FL 33009

**Current Mailing Address:**

1130 E. HALLANDALE BEACH BLVD  
SUITE 1130C  
HALLANDALE, FL 33009 US

**FEI Number:** 46-5392888

**Certificate of Status Desired:** No

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

MONCARZ, CLAUDIA  
1130 E. HALLANDALE BEACH BLVD  
SUITE 1130C  
HALLANDALE, FL 33009 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 MGR  
Name IADISERNIA, GIUSEPPE  
Address 1130 E. HALLANDALE BEACH BLVD  
SUITE 1130C  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name IADISERNIA, MIREYA  
Address 1130 E. HALLANDALE BEACH BLVD  
SUITE 1130C  
City-State-Zip: HALLANDALE FL 33009

Title MANAGER  
Name CORONADO, ALEXIS E  
Address 1130 E. HALLANDALE BEACH BLVD  
SUITE 1130C  
City-State-Zip: HALLANDALE FL 33009

*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:** GIUSEPPE IADISERNIA

**MANAGER**

**04/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date