

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000131222

Entity Name: GBMWSH, LLC

Current Principal Place of Business:

17 W LAS OLAS BOULEVARD
FT LAUTERDALE, FL 33301

Current Mailing Address:

3363 NE 163 STREET
SUITE 708
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 38-3938443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEIFITZ, MIKHAEL E ESQ
3363 NE 163 STREET
SUITE 708
NORTH MIAMI BEACH, FL 33160 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 WATTERLOT, JULIEN B
Address 17 W LAS OLAS BOULEVARD
City-State-Zip: FT LAUTERDALE FL 33301

Title MGRM
Name GABRIEL, OFIR
Address 17 W LAS OLAS BOULEVARD
City-State-Zip: FT LAUTERDALE FL 33301

Title MGM
Name SULTAN, SEAN R
Address 17 W LAS OLAS BOULEVARD
City-State-Zip: FT LAUTERDALE FL 33301

Title MGM
Name MOALEM, SHLOMO
Address 17 W LAS OLAS BOULEVARD
City-State-Zip: FT LAUTERDALE FL 33301

Title MGM
Name BENSUSAN, MOSES
Address 17 W LAS OLAS BOULEVARD
City-State-Zip: FT LAUTERDALE FL 33301

Title MGM
Name HAZAN, LIOR S
Address 17 W LAS OLAS BOULEVARD
City-State-Zip: FT LAUTERDALE FL 33301

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: GABRIEL , OFIR

MGRM

04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date