

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000161514

**Entity Name:** GELIN SERVICES, L.L.C.

**Current Principal Place of Business:**

2100 N.E. 174TH STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

PO BOX 800134  
AVENTURA, FL 33280

**FEI Number:** 47-2040557

**Certificate of Status Desired:** No

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

GELIN, J.M.  
2100 N.E. 174TH STREET  
NORTH MIAMI BEACH, FL 33162 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:** J.M. GELIN

01/25/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ST. LOUIS, ANTOINE  
Address PO BOX 800134  
City-State-Zip: AVENTURA FL 33280

Title MGR  
Name GELIN, J.M.  
Address PO BOX 800134  
City-State-Zip: AVENTURA FL 33280

*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:** J.M. GELIN

RA

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date