

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000121453

**Entity Name:** GC FRIDAYS NY, LLC

**Current Principal Place of Business:**

44 COCONUT ROW, SUITE T-8  
PALM BEACH, FL 33489

**Current Mailing Address:**

44 COCONUT ROW, SUITE T-8  
PALM BEACH, FL 33489

**FEI Number:** 47-4670865

**Certificate of Status Desired:** No

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

SWEREN, MARTIN  
44 COCONUT ROW, SUITE T-8  
PALM BEACH, FL 33489 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           MANAGER  
Name           FERNANDEZ, ALFONSO  
Address        133 SEVILLE AVE.  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALFONSO FERNANDEZ

**MGR**

**03/03/2016**

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

\_\_\_\_\_  
Date