

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000142174

**Entity Name:** GABI&HELO LLC

**Current Principal Place of Business:**

2620 SWOOP CIRCLE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2620 SWOOP CIRCLE  
KISSIMMEE, FL 34741 US

**FEI Number:** 37-1791466

**Certificate of Status Desired:** No

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

SOUSA & ASSOCIATES INC  
7345 WEST SAND LAKE ROAD  
SUITE 304  
ORLANDO, FL 32819 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 AMBR  
Name KUYUMDJIAN MANNA, CARLA  
Address 2620 SWOOP CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

Title AMBR  
Name KUYUMDJIAN MANNA, GABRIELLA  
Address 2620 SWOOP CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

Title AMBR  
Name KUYUMDJIAN MANNA, HELOISA  
Address 2620 SWOOP CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

Title AMBR  
Name VIEIRA MANNA, ELIAS P  
Address 2620 SWOOP CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

*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:** VIEIRA MANNA, ELIAS P

AMBR

01/30/2017

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

\_\_\_\_\_  
Date