

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000193140

**Entity Name:** GAF PROFESSIONAL CENTER, L.L.C

**Current Principal Place of Business:**

2040 NE 163 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

15565 NE 4CT  
MIAMI, FL 33162 UN

**FEI Number: 81-1207309**

**Certificate of Status Desired: No**

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

PIERRE MICHEL, FRANDZDY  
15565 NE 4 CT  
MIAMI, 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:** PIERRE MICHEL, FRANDZDY

03/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PIERRE MICHEL, FRANDZDY  
Address 15565 NE 4 CT  
City-State-Zip: MIAMI 33162

*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:** PIERRE MICHEL, FRANDZDY

MGR

03/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date