

2016 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: _____

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: FRANDZDY PIERRE MICHEL

PRESIDENT

01/27/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date