### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000073359

Entity Name: GTDRESSLER 1 LLC

### **Current Principal Place of Business:**

C/O ROGER LOPEZ 15970 W, STATE ROAD 84 SUITE 234 SUNRISE, FL 33326

## **Current Mailing Address:**

C/O ROGER LOPEZ 15970 W, STATE ROAD 84 SUITE 234 SUNRISE, FL 33326

### FEI Number: 81-2844527

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

BENTLEY INVESTMENT GROUP, CORP. 15970 W, STATE ROAD 84 SUITE 234 SUNRISE, FL 33326 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

# Authorized Person(s) Detail -

| Authorized Person(s) Detail : |  |                 |   |  |  |
|-------------------------------|--|-----------------|---|--|--|
| Title                         | AMBR   | Title           | AMBR  |  |  |
| Name                          | DRESSLER LIZARRAGA, GUILLERMO                      | Name            | FUENTES DE DRESSLER, TAHIS M                  |  |  |
| Address                       | P<br>CA. APAMATES CONJ RESID ALTOS<br>VILLANUEV E2 | Address         | CA. APAMATES CONJ RESID ALTOS<br>VILLANUEV E2 |  |  |
| City-State-Zip:               | HATILLO MIRANDA GRAN CARACAS<br>CA 1083            | City-State-Zip: | HATILLO MIRANDA GRAN CARACAS<br>CA 1083       |  |  |

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: TAP | IIS M FUENTES DE DRESSLER                               | AMBR | 04/12/2017 |
|----------------|---|------|------------|
| Elect          | tronic Signature of Signing Authorized Person(s) Detail |      | Date       |

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 12, 2017 Secretary of State CC0085197234

Date

Certificate of Status Desired: No