

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000089395

**Entity Name:** GANGI MOIGUER PLLC

**Current Principal Place of Business:**

175 SW 7TH STREET  
SUITE 2004  
MIAMI, FL 33130

**Current Mailing Address:**

175 SW 7TH STREET  
SUITE 2004  
MIAMI, FL 33130 US

**FEI Number:** 81-2707374

**Certificate of Status Desired:** No

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

MOIGUER, FABIAN C  
175 SW 7TH STREET  
SUITE 2004  
MIAMI, FL 33130 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                             | Title           | MGR                             |
| Name            | GANGI, YCNADUY                  | Name            | MOIGUER, FABIAN C               |
| Address         | 175 SW 7TH STREET<br>SUITE 2004 | Address         | 175 SW 7TH STREET<br>SUITE 2004 |
| City-State-Zip: | MIAMI FL 33130                  | City-State-Zip: | MIAMI FL 33130                  |

*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:** YCNADUY GANGI

**MANAGER**

**01/11/2021**

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

\_\_\_\_\_  
Date