4801 S UNIV DAVIE, FL	ERSITY DR SUITE 204 33328 US			
FEI Number: 81-3321306			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
HLW SERVICE 4801 S UNIVER DAVIE, FL 333	SITY DR SUITE 204			
The above named	entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	: DIEGO ARONIS		04/0	04/2024
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	AMBR	Title	AMBR	
Name	OLLER MARTINEZ, MARIA G	N I a sea a		
		Name	GUERRA, CARLOS A	
Address	4801 S UNIVERSITY DR SUITE 204	Address	GUERRA, CARLOS A 4801 S UNIVERSITY DR SUITE 204	
	,		4801 S UNIVERSITY DR SUITE 204	
	4801 S UNIVERSITY DR SUITE 204	Address	4801 S UNIVERSITY DR SUITE 204	
City-State-Zip:	4801 S UNIVERSITY DR SUITE 204 DAVIE FL 33328	Address City-State-Zip:	4801 S UNIVERSITY DR SUITE 204 DAVIE FL 33328	
City-State-Zip: Title	4801 S UNIVERSITY DR SUITE 204 DAVIE FL 33328 AMBR	Address City-State-Zip: Title	4801 S UNIVERSITY DR SUITE 204 DAVIE FL 33328 AMBR	

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: OLLER MARTINEZ, MARIA G

AMBR

04/04/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000134684

Entity Name: GRACAR LLC

Current Principal Place of Business:

19390 COLLINS AVE 203 SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

FILED Apr 04, 2024 Secretary of State 3647307430CC

Electronic Signature of Signing Authorized Person(s) Detail