## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000005409

Entity Name: GACP STEM CELL BANK LLC

**Current Principal Place of Business:** 

2333 PONCE DE LEON BLVD SUITE R240 MIAMI, FL 33133

## **Current Mailing Address:**

2333 PONCE DE LEON BLVD SUITE R240 MIAMI, FL 33133 US

FEI Number: 81-5190599 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 27, 2019

**Secretary of State** 

4901724479CC

Authorized Person(s) Detail:

Title MANAGER Title **MANAGER** 

DAGROSA, JOSEPH JR. NEITHARDT, DAVID Name Name

Address 2333 PONCE DE LEON BLVD Address 2333 PONCE DE LEON BLVD SUITE R240

SUITE R240

MIAMI FL 33133 MIAMI FL 33133 City-State-Zip: City-State-Zip:

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: JOSEPH DAGROSA, JR.

**MANAGER** 

03/27/2019