

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000030648

**FILED**  
**Jan 08, 2018**  
**Secretary of State**  
**CC6828719019**

**Entity Name:** APEX GBS 4471 LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PARKWAY  
SUITE 17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PARKWAY  
SUITE 17  
ORLANDO, FL 32819 US

**FEI Number:** 61-1816965

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING & CONSULTING SERVICES LLC  
7901 KINGSPONTE PARKWAY  
SUITE 17  
ORLANDO, FL 32819 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:** CAROLINE LARSON

01/08/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name EINLOFT SALVINI, BEULAH  
Address PRACA TELE SANTANA 45 BL 2 APTO  
1304  
City-State-Zip: RIO DEJANEIRO RJ 22793--298

Title AMBR  
Name MONTEIRO SALVINI, GUSTAVO V  
Address PRACA TELE SANTANA 45 BL 2 APTO  
1304  
City-State-Zip: RIO DEJANEIRO RJ 22793--298

*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:** BEULAH EINLOFT SALVINI

AMBR

01/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date