

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000228498

**Entity Name:** GETZEND, LLC

**Current Principal Place of Business:**

350 LINCOLN ROAD  
STE 4015  
MIAMI, FL 33139

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC4768165101**

**Current Mailing Address:**

350 LINCOLN ROAD  
STE 4015  
MIAMI, FL 33139 AF

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name KARSAN, ZAHRA  
Address 350 LINCOLN ROAD  
STE 4015  
City-State-Zip: MIAMI 33139

Title AMBR  
Name JOYCE, STEPHEN P  
Address 1165 ORLO DRIVE  
City-State-Zip: MCLEAN VA 22102

Title AMBR  
Name GETZEND  
Address 350 LINCOLN ROAD  
STE 4015  
City-State-Zip: MIAMI 33139

*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: ZAHRA KARSAN**

**MANAGER**

**04/10/2018**

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

\_\_\_\_\_ Date