

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000130026

**Entity Name:** GRM ALLIED, LLC

**Current Principal Place of Business:**

472 BRISTLE CONE LN  
NAPLES, FL 34113

**Current Mailing Address:**

472 BRISTLE CONE LN  
NAPLES, FL 34113 US

**FEI Number:** 83-0722206

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** MARCK GOURDET

01/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	GOUGAUD, PHILIPPE	Name	GOURDET, MARCK
Address	472 BRISTLE CONE LN	Address	11836 BAYPORT LN., APT. 3
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	FORT MYERS FL 33908
Title	AMBR	Title	AMBR
Name	GOURDET, RENEL	Name	ALEXANDRE, PIERRE C.
Address	11836 BAYPORT LN., APT. 3	Address	472 BRISTLE CONE LN
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	NAPLES FL 34113

*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:** PHILIPPE GOUGAUD

**DIRECTOR**

01/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date