

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000138428

Entity Name: GAERMO INVESTMENTS GROUP LLC**Current Principal Place of Business:**1331 BRICKELL BAY DRIVE
APT 3206
MIAMI, FL 33139**Current Mailing Address:**1110 BRICKELL AVE. SUITE 210-A
MIAMI, FL 33131 US**FEI Number:** 83-0810867**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSIO, GABRIEL
1331 BRICKELL BAY DRIVE
APT 3206
MIAMI, FL 33139 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 AUTHORIZED MEMBER
Name RANGEL, ERNESTO
Address 1300 BRICKELL BAY DR. SUITE 3503
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER
Name CALABRESE, MONICA
Address 14 E 90TH ST
City-State-Zip: NEW YORK NY 10128

Title AUTHORIZED MEMBER
Name OSIO, GABRIEL
Address 1331 BRICKELL BAY DRIVE
APARTMENT 3206
City-State-Zip: MIAMI FL 33139

Title AUTHORIZED MEMBER
Name CARVALLO, JUAN CARLOS
Address 649 ALMERIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name OSIO, MIGUEL
Address 901 BRICKELL KEY BLVD. APT 1603
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER
Name BOZO, ALFREDO
Address 701 BRICKELL KEY BLVD.
APT 1612
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER
Name FERNANDEZ, MARILÓ
Address CALLE PERIJA. RESD TOLON TORRE
B
URB. LAS MERCEDES PISO 11. APT
1109B
City-State-Zip: CARACAS 1060

Title AUTHORIZED MEMBER
Name ALAYON, DAVID
Address AV. SUR 7 EDIFICIO OCRE. PISO 4S
URB. LOS NARANJOS
City-State-Zip: CARACAS 1061

Continues on page 2

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: GABRIEL OSIO**DIRECTOR****02/10/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name DE LA BASTIDE, ALAIN
Address 2DA TRANSVERSAL. RESD PEDREAVILA
 URB EL PEDREGAL DE LA CASTELLANA APT 73
City-State-Zip: CARACAS 1060

Title AUTHORIZED MEMBER
Name SILVA, VICTOR
Address CALLE LA LOMITA. RESD VIZCAYA
 PLAZA
 URB. LA VIZCAYA APT 124A
City-State-Zip: CARACAS 1061