

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000253143

**Entity Name:** GML FINE FOODS LLC

**Current Principal Place of Business:**

3641 OAKS CLUBHOUSE DR  
APT 106  
POMPANO BEACH, FL 33069

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**0300175645CC**

**Current Mailing Address:**

3641 OAKS CLUBHOUSE DR  
APT 106  
POMPANO BEACH, FL 33069 US

**FEI Number: 38-4131881**

**Certificate of Status Desired: Yes**

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

GUILLEN PUJOL CPA, P.A.  
6161 BLUE LAGOON DRIVE  
STE 475  
MIAMI, FL 33126 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            AMBR  
Name            MARADEI VELASQUEZ, MIGUEL  
Address        3641 OAKS CLUBHOUSE DR  
                  APT 106  
City-State-Zip: POMPANO BEACH FL 33069

Title            AMBR  
Name            LARA BARRIOS, FEDERICO  
Address        3641 OAKS CLUBHOUSE DR  
                  APT 106  
City-State-Zip: POMPANO BEACH FL 33069

Title            AMBR  
Name            CARVAJAL, JOSE  
Address        3641 OAKS CLUBHOUSE DR #106  
City-State-Zip: POMPANO BEACH FL 33069

Title            AMBR  
Name            GUERRA, LUIS  
Address        3641 OAKS CLUBHOUSE DR #106  
City-State-Zip: POMPANO BEACH FL 33069

*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: MARADEI VELASQUEZ , MIGUEL**

**AMBR**

**04/27/2022**

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

\_\_\_\_\_  
Date