

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000292727

**Entity Name:** GAMBITRY, LLC

**Current Principal Place of Business:**

2620 SOUTH UNIVERSITY DRIVE  
UNIT 213  
DAVIE, FL 33328

**Current Mailing Address:**

2620 SOUTH UNIVERSITY DRIVE  
UNIT 213  
DAVIE, FL 33328 US

**FEI Number:** 84-3959353

**Certificate of Status Desired:** No

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

TRINITY CONSULTANTS GROUP, LLC  
2620 SOUTH UNIVERSITY DRIVE  
UNIT 213  
DAVIE, FL 33328 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 REVOCABLE LIVING TRUST OF GAMBITRY  
Address 2620 SOUTH UNIVERSITY DRIVE UNIT 213  
City-State-Zip: DAVIE FL 33328

*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:** MGR

REVOCABLE LIVING  
TRUST OF GAMBITRY

04/30/2024

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

\_\_\_\_\_  
Date