

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000176336

Entity Name: GCG HEALTHCARE SOLUTIONS LLC**Current Principal Place of Business:**19046 BRUCE B DOWNS #1333
TAMPA, FL 33647**Current Mailing Address:**19046 BRUCE B DOWNS #1333
TAMPA, FL 33647 US**FEI Number: 85-1724268****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
36
ORLANDO, FL 32822 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	GUSTAVE, SHAYTEL E
Address	33191 AZALEA RIDGE DR
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	AMBR
Name	COLE, CIARA J
Address	33191 AZALEA RIDGE DR
City-State-Zip:	WESLEY CHAPEL FL 33545

Title	AMBR
Name	GRIFFITH, YASHICA I
Address	33191 AZALEA RIDGE DR
City-State-Zip:	WESLEY CHAPEL FL 33545

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: CIARA COLE**CBO****04/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date