

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000358847

Entity Name: GEMIMA3D INTERNATIONAL, LLC.**Current Principal Place of Business:**801 VALNERA CT
KISSIMMEE, FL 34758**Current Mailing Address:**801 VALNERA CT
KISSIMMEE, FL 34758 US**FEI Number:** 87-2132703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESLIENS, GEORGES
801 VALNERA CT
KISSIMMEE, FL 34758 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 DESLIENS PIERRE, MIRIELLE
Address 801 VALNERA CT
City-State-Zip: KISSIMMEE FL 34758

Title MGR
Name DESLIENS, DON II
Address 801 VALNERA CT
City-State-Zip: KISSIMMEE FL 34758

Title MGR
Name DESLIENS, MURIAMANDA G
Address 801 VALNERA CT
City-State-Zip: KISSIMMEE FL 34758

Title AMBR
Name DESLIENS, DON GEORGG
Address 801 VALNERA CT
City-State-Zip: KISSIMMEE FL 34758

Title MANAGER
Name DESLIENS, GEORGES
Address 801 VALNERA CT
City-State-Zip: KISSIMMEE FL 34758

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: GEORGES DESLIENS

MGR

09/22/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date