

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000473953

**Entity Name:** GRABEE LLC**Current Principal Place of Business:**66 WEST FLAGER STREET  
STE 900, #6573  
MIAMI, FL 33130**Current Mailing Address:**66 WEST FLAGER STREET  
STE 900, #6573  
MIAMI, FL 33130 US**FEI Number:** 87-3449449**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESMARTKEEP LLC  
66 WEST FLAGER  
STE 900  
MIAMI, FL 33130 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:** MARCO PADILLA

03/11/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FLEITAS LIBI, GABRIEL  
Address 401 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

Title AMBR  
Name D'SOLA GARCIA, STEPHANNY  
Address 401 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

Title AMBR  
Name D'SOLA GARCIA, HENRY LORD  
Address 401 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

Title AMBR  
Name KAFIE BATRES, DANIEL  
Address 1925 BRICKELL AVE D1601  
City-State-Zip: MIAMI FL 33129

Title AMBR  
Name MADURO ATALA, ANDRES ARTURO  
Address 801 BRICKELL KEY BLVD 709  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name FLEITAS LIBI, GABRIEL  
Address 401 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

*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 FLEITAS LIBI

CEO

03/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date