

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000461315

**Entity Name:** GUMUSGERDAN LLC

**Current Principal Place of Business:**

465 BRICKELL AVE #816  
MIAMI, FL 33131

**Current Mailing Address:**

465 BRICKELL AVE #816  
MIAMI, FL 33131

**FEI Number:** 92-0860147

**Certificate of Status Desired:** No

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

GUMUSGERDAN, VEDAT  
465 BRICKELL AVE #816  
MIAMI, FL 33131 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 VEDAT GUMUSGERDAN  
Address 465 BRICKELL AVE #816  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name CAGLA GUMUSGERDAN  
Address 465 BRICKELL AVE #816  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CAN HAYRI GUMUSGERDAN  
Address 465 BRICKELL AVE #816  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name DOGA GUMUSGERDAN  
Address 465 BRICKELL AVE #816  
City-State-Zip: MIAMI FL 33131

*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:** VEDAT GUMUSGERDAN

MR.

02/22/2023

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

\_\_\_\_\_  
Date