

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000010084

**Entity Name:** FULL GAUGE CONTROLS LLC

**Current Principal Place of Business:**

444 BRICKELL AVE  
STE 811  
MIAMI, FL 33131

**Current Mailing Address:**

444 BRICKELL AVE  
STE 811  
MIAMI, FL 33131 US

**FEI Number:** 32-0479237

**Certificate of Status Desired:** No

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

DRUMMOND CONSULTING LLC  
601 BRICKELL KEY DR SUITE 901  
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 MGRM  
Name GOBBI, IVANIR  
Address RUA BAGE 613  
City-State-Zip: CANOAS RS 92120-190  
  
Title MGR  
Name MARCHI, LUCAS  
Address CLEMENTE PINTO, 134  
APT 305  
City-State-Zip: CANOAS RS 92025-290

Title MGRM  
Name PERGUER, FLAVIO  
Address RUA PROFESSOR JOAO DE SOUZA  
RIBEIRO 859  
City-State-Zip: PORTO ALEGRE RIO GRANDE DO  
SUL 90245-470

*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:** IVANIR GOBBI

MGRM

06/18/2020

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

\_\_\_\_\_  
Date