

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008477

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**3212156845CC**

**Entity Name:** GENERAL MARKETING SOLUTIONS, LLC

**Current Principal Place of Business:**

50 W MASHTA DR  
STE 4  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

4095 STATE ROAD 7 STE L216  
WELLINGTON, FL 33449 US

**FEI Number:** 26-4374187

**Certificate of Status Desired:** No

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

SLN MANAGEMENT, LLC  
50 W MASHTA DR  
STE 4  
KEY BISCAYNE, FL 33149 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/CEO  
Name MERCENARI, FERNANDO  
Address 50 W MASHTA DR  
STE 4  
City-State-Zip: KEY BISCAYNE FL 33149

Title CFO/COO  
Name HASBACH, BERNARDO  
Address 50 W MASHTA DR  
STE 4  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name MERCENARI, JUAN CARLOS  
Address 50 W MASHTA DR  
STE 4  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name MERCENARI, BRUNO  
Address 50 W MASHTA DR  
STE 4  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name DEL POZZO, HUGO  
Address 50 W MASHTA DR  
STE 4  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name GARZA, RAFAEL  
Address 50 W MASHTA DR  
STE 4  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** BERNARDO HASBACH

**CFO/COO**

**03/10/2023**

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

\_\_\_\_\_  
Date