Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: GENERAL MARKETING SOLUTIONS, LLC

# **Current Principal Place of Business:**

50 W MASHTA DR STE 4 KEY BISCAYNE, FL 33149

# **Current Mailing Address:**

DOCUMENT# M1700008477

4095 STATE ROAD7 STE L216 WELLINGTON, FL 33449 US

# FEI Number: 26-4374187

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

SLN MANAGEMENT, LLC 50 W MASHTA DR STE 4 KEY BISCAYNE, FL 33149 US

## FILED Sep 20, 2021 Secretary of State 7473226403CC

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

	Title	MGR/CEO	Title	CFO/COO
	Name	MERCENARI, FERNANDO	Name	HASBACH, BERNARDO
	Address	50 W MASHTA DR STE 4	Address	50 W MASHTA DR STE 4
	City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149
	Title	MGR	Title	MGR
	Name	MERCENARI, JUAN CARLOS	Name	MERCENARI, BRUNO
	Address	50 W MASHTA DR STE 4	Address	50 W MASHTA DR STE 4
	City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149
	Title	MGR	Title	MGR
	Name	DEL POZZO, HUGO	Name	GARZA, RAFAEL
	Address	50 W MASHTA DR STE 4	Address	50 W MASHTA DR STE 4
	City-State-Zip:	KEY BISCAYNE FL 33149	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

Date

Date