

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000003959

1. Entity Name
GCP INTERNATIONAL LLC



Principal Place of Business

4586 NORTHWEST 25TH WAY
BOCA RATON, FL 33434

Mailing Address

4586 NORTHWEST 25TH WAY
BOCA RATON, FL 33434

FILED
Apr 15, 2004 08:00 AM
Secretary of State



04072004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-0997471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U000000114297

04/15/04 80044 010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AGOSTINELLI, HORACIO JR
4586 NORTHWEST 25TH WAY
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AGOSTINELLI, HORACIO SR.
4586 NORTHWEST 25TH WAY
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROZENWASSER, SERGIO
4586 NORTHWEST 25TH WAY
BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/2004

(561) 982-1739

Date

Day/Time Phone #