DOCUMENT # 1. Entity Name GDP CALDER GAR		11094				ræ:			
						L		ED	
Principal Place of Business 180 NW 139TH STREET MIAMI FL 33168		Mailing Address 180 NW 139TH STREET MIAMI FL 33168	Γ			02 JU SEGRE TAEEAH		/H 2:30)F STAI ,FLORK	
2. Principal Place of Business	s	3. Mailing Address		<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- ·····	DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Num	ber		4/	Applied For
Zip (Country	Zip	Country	у	5. Certifica	e of Status Desired		\$5.00 A	vot Applicable
6. Name and	d Address of Current Reg	istered Agent		Name	7. Name ar	d Address of New	Registered	Agent	
ROLLE, ANTHONY 180 NW 139TH ST MIAMI FL 33168			<u> </u>	ss (P.O. Box Num	ber is Not Accepta	ble)			
1415-041 1 2 00 100		City							
3. The above named entity sub	ibmits this statement for the	purpose of changing in		•	stered agent or b	other in the State of	Florida:	Zip Co	de
SIGNATURE ANTHON	W. A. Rolle inyet name et registered agent and in	FILE N Make Check P	ote: Registered A NOW!!! Fit Payable to lue By May	of the or regis Consideration of the construction of the construc	Applied when reinstating)	<u>le 7</u> 111111111111111111111111111111111111	lorida. 	236- 236- 1004 *****	
8. The above named entity sut SIGNATURE ANTHON Signature, typod or prin	n/A.Rolle	FILE N Make Check P Do MANAGERS	OTE: Registered ANOW!!! Fto Payable to Use By May	of the or regis Consideration of the construction of the construc	Applied when reinstating):	-07/1 *****		236- 236- 110041 ******	
SIGNATURE ANTHON	W. A. Rolle inyet name et registered agent and in	FILE N Make Check P	OTE: Registered A NOW!!! Fit Payable to ue By May 10. TITLE NAME	office or registromer. Applications of the control	Applied when reinstating):	-07/1 *****	/5 / / 4 • • 7/020 55.00	22 236- 11004 ******	
SIGNATURE ANTHON Signature, typed or prin Situa AME TREET ADDRESS SIGNATURE Signature, typed or prin Signature, typed or typed	W. A. Rolle inyet name et registered agent and in	FILE N Make Check P Do MANAGERS	OTE: Registered A NOW!!! Fit Payable to l ue By May 10. TITLE NAME STREET A	ADDRESS	Applied when reinstating):	-07/1 *****	/5 / / 4 • • 7/020 55.00	236- 236- 110041 ******	
SIGNATURE Signature, typed or print TILE AME IREET ADDRESS TY-ST-ZIP TILE AME REET ADDRESS	W. A. Rolle inyet name et registered agent and in	MANAGERS Delete	OTE: Registered A: NOW!!! Fit Payable to I ue By May 10. TITLE NAME STREET A STREET A STREET A STREET A	ADDRESS ADDRESS	Applied when reinstating):	-07/1 *****	/5 / / 4 • • 7/020 55.00	236- 01004! ***** G Change	002 55.00
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SIGNATURE ANTHON Signature, typed or prin INTLE AME REET ADDRESS ITY-ST-ZIP TILE AME REET ADDRESS REET ADDRESS	W. A. Rolle inyet name et registered agent and in	MANAGERS Delete Delete	DIE Registered ANOWI!! FE Payable to little MAME STREET A CITY-ST-TITLE NAME STREET A ST	ADDRESS	Applied when reinstating):	-07/1 *****	/5 / / 4 • • 7/020 55.00		Addition

Authority

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