

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90407 014 ****50.00

DOCUMENT # **L01000017576** ✓

1. Entity Name

G & G, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1627 BRICKELL AV.

3. Mailing Address

1627 BRICKELL AV.

Suite, Apt. #, etc.

1105

Suite, Apt. #, etc.

1105

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-11-53785

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WENDY G. GORE

Street Address (P.O. Box Number is Not Acceptable)

1627 BRICKELL AVENUE, #1105

City

MIAMI

FL

Zip Code

33129

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

WENDY G. GORE

5/15/2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WENDY G. GORE
1627 BRICKELL AVE., #1105
MIAMI, FL 33129**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CAROL D. GARABEDIAN
1627 BRICKELL AVE., #1105
MIAMI, FL 33129**

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-15-02

Date

305-854-9470

Daytime Phone #

CAROL D. GARABEDIAN

CR2E083B (12/01)