

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90080 001 ***150.00

DOCUMENT # L01000018715

1. Entity Name

G.D.D. INTERNATIONAL, LLC

Principal Place of Business

12780 SW 117 STREET
MIAMI FL 33186

Mailing Address

12780 SW 117 STREET
MIAMI FL 33186

2. Principal Place of Business

13880 SW 119th Avenue

Suite, Apt. #, etc.

3. Mailing Address

13880 SW 119th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-1154125

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS GALLER, DEBI
12780 SW 117 STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: Debi Evans Galler
Street Address (P.O. Box Number is Not Acceptable)
13880 SW 119th Avenue

City

Miami

FL

Zip Code

33186

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

Debi Evans Galler, Esquire
(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: DIAZ, CLARK D
STREET ADDRESS: 12230 SW 41ST ST.
CITY-ST-ZIP: MIAMI FL 33175
☐ Delete

TITLE: MGRM
NAME: EVANS GALLER, DEBI
STREET ADDRESS: 12780 SW 117 STREET
CITY-ST-ZIP: MIAMI FL 33186
☐ Delete

TITLE:
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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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

4/9/03
Date

305-233-4888
Daytime Phone #

CR2E083 (10/02)