

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 019 *****50.00

DOCUMENT # L02000023198

1. Entity Name

GI-DEL, LLC



Principal Place of Business

626 CORAY WAY 1504B
MIAMI FL 33134

Mailing Address

626 CORAY WAY 1504B
MIAMI FL 33134

2. Principal Place of Business

60 Edgewater Dr

Suite, Apt. #, etc

16D

3. Mailing Address

60 Edgewater Dr.

Suite, Apt. #, etc

16D

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33133

Country

Zip

33133

Country

4. FEI Number

20-0345776

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-MEDINA, ROLANDO
626 CORAL WAY APT 1504B
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

Sanchez-Medina, Rolando

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

60 Edgewater Dr. Suite 16D

City

Coral Gables

FL

Zip Code

33133

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

(NOTE: Registered Agent signature required when reinstating)

04/16/2004

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SANCHEZ-MEDINA, GISELA
STREET ADDRESS 626 CORAL WAY #1504B
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Sanchez-Medina, Gisela
STREET ADDRESS 60 Edgewater Dr. Suite 16D
CITY-ST-ZIP Coral Gables, FL 33133

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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]

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

04/16/2004

Date

(305) 262-2323

Daytime Phone #