

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90007 029 \*\*\*\*50.00

**DOCUMENT # L03000011148**

1. Entity Name  
**GEMEINSCHAFT, LLC**



Principal Place of Business  
**3331 SW 64 AVE  
MIAMI, FL 33155**

Mailing Address  
**3331 SW 64 AVE  
MIAMI, FL 33155**

00000000



01142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-3899192**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required:

**6. Name and Address of Current Registered Agent**

**LAMCHICK, BRUCE  
9130 S. DADELAND BLVD., SUITE 1101  
MIAMI, FL 33156**

**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. 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
D'ERMIMIO, ROY M  
3331 SW 64 AVE.  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
D'ERMIMIO, YLIANA M  
3331 SW 64 AVE.  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GOMEZ, CELINA  
3280 SOUTH LAKE DR.  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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

**Roy M. D'Erminio**

01/14/2005 (786) 294-4113  
Date Daytime Phone #