

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030645

1. Entity Name
GICADA, LLC



Principal Place of Business

900 BAY DR, UNIT 424
MIAMI BEACH, FL 33141

Mailing Address

14100 PALMETTO FRONTAGE ROAD, #201
MIAMI LAKES, FL 33016



03102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3707442

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNKLEY, LINDSAY
14100 PALMETTO FRONTAGE ROAD, #201
MIAMI LAKES, FL 33016

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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)

3/10/05
DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BOGGIANO, SILVIA
STREET ADDRESS FRENTE A LA PLAZA BLIVAR CALLE COLOMBIA
CITY-ST-ZIP VALENCIA, VENEZUELA,

TITLE MGRM
NAME BOGGIANO, ALEJANDRA
STREET ADDRESS FRENTE A LA PLAZA BLIVAR CALLE COLOMBIA
CITY-ST-ZIP VALENCIA, VENEZUELA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U0000026331U
03/14/05-80090-015 50.00

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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)(f), 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

Date

Daytime Phone #

3/10/05 (305) 821-6232