2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072352

1. Entity Name



FILED Mar 28, 2006 8:00 am Secretary of State

03-28-2006 90011 031 ****50.00

G.M.Í., LLC 20021570 Principal Place of Business Mailing Address 1902 VYESTKENNEDY BOLLEVARD 1902 VIESTKENNEDY BOLLEVARD TAMPA FL 33606 TAMPA FL 33606 (L04000072352C) 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03182006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State 20-1873029 Not Applicable Country \$5.00 Additional Zlp Country Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410 Zip Code 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, 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, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ☐ Addition TITLE MANSOUR, GHASSAN NAME NAME 1902 WEST KENNEDY BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-7IP MOR SARAEB, IBRAHIM 3580 1024 PLACE NORTH Delete Addition MGR ☐ Change TITLE TITI F HAMADI, MOHAMAD NAME NAME STREET ADDRESS 1902 WEST KENNEDY BOULEVARD STREET ADDRESS CITY-ST-7IP CLEARWATER-FL-33762 CITY-ST-ZIP TAMPA, FL 33606 MGR Delete ☐ Change ☐ Addition TITLE TITLE HAMADE, ISSAM NAME STREET ADDRESS 1902 WEST KENNEDY BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33606 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chano monts	3/23/21	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #