

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084093

Entity Name: GAMMA RE, LLC

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

21167 FALLS RIDGE WAY  
BOCA FALLS ESTATES  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970003  
BOCA RATON, FL 33497 US

**New Mailing Address:**

FEI Number: 84-1690087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAFETZIS, MARIO  
21167 FALLS RIDGE WAY  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KAFETZIS, MARIO  
Address: 21167 FALLS RIDGE WAY, BOCA FALLS ESTATES  
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM  
Name: PAVLATOS, CHRIS  
Address: 626 CALEDONIA ROAD  
City-St-Zip: DIX HILLS, NY 11746

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MK

MGR

03/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date