

L10000015860

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GCM CONSULTING, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cedric Montagnana
Name of Person

GCM CONSULTING, LLC
Firm/Company

3250 NE 1ST AVENUE APT 1117
Address

MIAMI, FL 33137
City/State and Zip Code

Cedmontagnana@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cedric Montagnana at (305) 793 0791
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

GCM CONSULTING, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHAPON, GAELE	3950 NE 1ST AVENUE APT 1117 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MONTAGNANA, CEDRIC	3250 NE 1ST AVENUE APT 1117 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4/19/2010

Signature of a member or authorized representative of a member

GAELE CHAPON

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 23 AM 11:51

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