## 117000069633

(Requestor's Name)	
(Address)	
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, ,	
(City/State/Zip/Phone #)	
(City/State/Zip/Pitone #)	
PICK-UP WAIT MAII	-
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

<b>ŤO:</b> Registration Section Division of Corporations		
GAENCO, LLC SUBJECT:		
7	d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to t	he following:
Aaron Pulver		
Name of Person	· · · · · · · · · · · · · · · · · · ·	<del></del>
Whittmarsh LLC		
Firm/Company		
800 SE 4th Ave STE 821		
Address	· · · · · · · · · · · · · · · · · · ·	<del></del>
Hallandale Beach, FL 33009		
City/State and Zip Cod	e	
aaron@whittmarsh.com		
E-mail address: (to be used for future	annual report ne	otification)
For further information concerning this mat	ter, please call:	
Aaron Pulver	617 at (	386-3924
Name of Person	at (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2024

AARON PULVER 800 SE 4TH AVE STE 821 HALLANDALE BEACH, FL 33009

SUBJECT: GAENCO, LLC Ref. Number: L17000069633



We have received your document for GAENCO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 524A00022964

I was told on the phone that no additional payment is needed.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company: GAENCO, LLC		<u>.</u>	
. (a)	11118 NW 80th Lane		(b) 11118 N	NW 80th Lane
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Doral, FL 33178	_	Doral, Fl.	L 33178
	03/27/2017	<del></del>	1.17000069	59633
	Date of filing/registration in Florida	- 4.		Document number
. (a)	MARTINEZ, JORGE, CPA			
. (a)	Registered Agent and Registered Office shown on the records of 6303 BLUE LAGOON DR	the Flor	ida Dept. of St	tate:
	Registered Office Address (MUST BE FLORIDA STREET) STE 200	ADDRE	ESS)	ĭ^, <b>2</b>
	MIAMI , FL	33126		ZOZ4 NOV
(b)	Aaron Pulver, CPA			V 22
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	800 SE 4th Ave			FILED  2024 NOV 22 PM 4: 25  ÀTLAHASSEE, FLORIDA
	NEW Registered Office Address:			
	STE 821			<del></del>
	Hallandale Beach FL.	33009	;	
hange gent vas/w he art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l limite	ered office a company, it imited liabil d liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  FERNANDO J
- 6	ware of a member or authorized representative of a member			Printed or typed name of signee
provis he ob o mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if it writing of this change.	perfor	mance of mi	iv duties, and I am familiar with and acce
Signati	are of Registered Agent			