

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 16 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000000971**

G.A.S.A., L.C.  
841 COLLINS AVENUE, SUITE 100  
MIAMI FL 33139

1a. Principal Place of Business Address

841 COLLINS AVENUE, SUITE 10  
MIAMI FL 33139

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

07/02/1998

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

650818533

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

GABRIEL, ERIC  
~~8301 N.E. 10TH AVENUE~~  
~~MIAMI FL 33138~~

1100 WEST AVE #4  
MB, FL 33139

Name

ERIC GABRIEL

Street Address (P.O. Box Number is Not Acceptable)

1100 WEST AVE

Suite, Apt. #, etc.

#4

City

MB

FL

Zip Code

33139

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE 2.28.99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GABRIEL, ERIC	<del>8301 N.E. 10TH AVENUE</del> 841 COLLINS AVE	<del>MIAMI FL</del> MIAMI BEACH, FL 33139

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME) OF SECRETARY/MANAGER OR REGISTERED AGENT

2.28.99

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