2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000003959

Entity Name: GCP INTERNATIONAL LLC

Current Principal Place of Business:

4586 NORTHWEST 25TH WAY BOCA RATON. FL 33434

Current Mailing Address:

4586 NORTHWEST 25TH WAY BOCA RATON, FL 33434 US

FEI Number: 65-0997471 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US

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

FILED Apr 05, 2018

Secretary of State

CC7074432077

Authorized Person(s) Detail:

Title MGR

Name AGOSTINELLI, HORACIO JR

ess 4586 NORTHWEST 25TH WAY

Address 4586 NORTHWEST 25TH W.

City-State-Zip: BOCA RATON FL 33434

Title MGR

Name ROZENWASSER, SERGIO GABRIEL

Address 4586 NORTHWEST 25TH WAY

City-State-Zip: BOCA RATON FL 33434

Title MGR

Name SANCHEZ, NESTOR

Address 4586 NORTHWEST 25TH WAY

City-State-Zip: BOCA RATON FL 33434

Title MGR

Name ROZENWASSER, HERNAN

Address 4586 NORTHWEST 25TH WAY

City-State-Zip: BOCA RATON FL 33434

Name RABADAN, NORA

MGR

Address 4586 NORTHWEST 25TH WAY

City-State-Zip: BOCA RATON FL 33434

Title MGR

Title

Name BAUDINO, JUAN PABLO

Address 4586 NORTHWEST 25TH WAY

City-State-Zip: BOCA RATON FL 33434

Title MGR

Name AGOSTINELLI, SANTIAGO

Address 4586 NORTHWEST 25TH WAY

City-State-Zip: BOCA RATON FL 33434

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HORACIO AGOSTINELLI

MANAGER

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date