

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102031

Entity Name: GHD-GROUP LLC

Current Principal Place of Business:

2525 PONCE DE LEON BOULEVARD,
SUITE 300, CC. CONCIERGEMD SERVICES CORP.
CORAL GABLES, FL 33134

Current Mailing Address:

POST OFFICE BOX, 332175
MIAMI, FL 33233 US

FEI Number: 30-0583831

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GODWIN, ESHESIMUA WILLIAMS
2525 PONCE DE LEON BOULEVARD,
SUITE 300, CC. CONCIERGEMD SERVICES CORP.
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: GODWIN W. ESHESIMUA

04/24/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM, CHAIRMAN
Name ESHESIMUA, GODWIN W
Address 2525 PONCE DE LEON BOULEVARD,
SUITE 300, CC. CONCIERGEMD
SERVICES CORP.
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name F.I.N.D TRUST EQUITY PARTNERS
Address POST OFFICE BOX, 332175
City-State-Zip: MIAMI FL 33233

Title AUTHORIZED MEMBER
Name ERIMODAFE, HENRY
Address POST OFFICE BOX, 332175
City-State-Zip: MIAMI FL 33233

Title AUTHORIZED MEMBER
Name ESHESIMUA, EDWIN OWEN
Address POST OFFICE BOX, 332175
City-State-Zip: MIAMI FL 33233

Title AUTHORIZED MEMBER
Name OSIGHALA, PAUL MOORE
Address POST OFFICE BOX, 332175
City-State-Zip: MIAMI FL 33233

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: GODWIN W. ESHESIMUA

MGR/CHAIRMAN

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date