

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000034725

Entity Name: GENCEN29 LLC**Current Principal Place of Business:**475 NE 6TH STREET
BOCA RATON, FL 33432**Current Mailing Address:**475 NE 6TH STREET
BOCA RATON, FL 33432**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEIGHLEY, MYRICK & UDELL, PA
1255 WEST ATLANTIC BLVD.
SUITE 314
POMPANO BEACH, FL 33069 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

Authorized Person(s) Detail :

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | GENTILE, JOHN A |
| Address | 475 NE 6TH STREET |
| City-State-Zip: | BOCA RATON FL 33432 |

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | GENTILE, FRANK |
| Address | 475 NE 6TH STREET |
| City-State-Zip: | BOCA RATON FL 33432 |

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | GENTILE, ANTHONY |
| Address | 475 NE 6TH STREET |
| City-State-Zip: | BOCA RATON FL 33432 |

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | GENTILE, MARIO |
| Address | 475 NE 6TH STREET |
| City-State-Zip: | BOCA RATON FL 33432 |

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: JOHN A GENTILE**MANAGING MEMBER****03/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date