

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000115472

**Entity Name:** GAFADIC, L.L.C.

**Current Principal Place of Business:**

10915 SW 87 AVENUE  
MIAMI, FL 33176

**Current Mailing Address:**

10915 SW 87 AVENUE  
MIAMI, FL 33176

**FEI Number:** 46-0977773

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RUIZ, ARMANDO  
10915 SW 87 AVENUE  
MIAMI, FL 33176 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           MANAGING MEMBER  
Name           RUIZ, GRACIELA M MRS.  
Address        10915 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

Title           MR.  
Name           RUIZ, ARMANDO  
Address        10915 SW 87 AVENUE  
City-State-Zip: MIAMI FL 33176

*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:** ARMANDO RUIZ

**MANAGING MEMBER**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date