

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157500

**Entity Name:** GEDMUR, LLC

**Current Principal Place of Business:**

6735 CONROY WINDERMERE RD  
SUITE 401  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY WINDERMERE RD  
SUITE 401  
ORLANDO, FL 32835 US

**FEI Number:** 38-3896248

**Certificate of Status Desired:** No

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

HARDIN, BENJAMIN WJR.  
1905 BARTOW RD.  
LAKELAND, FL 33801 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           | MGR                                    | Title           | MGR                                    |
| Name            | FALZ, ULRICH F                         | Name            | FALZ, MARKUS                           |
| Address         | 6735 CONROY WINDERMERE RD<br>SUITE 401 | Address         | 6735 CONROY WINDERMERE RD<br>SUITE 401 |
| City-State-Zip: | ORLANDO FL 32835                       | City-State-Zip: | ORLANDO FL 32835                       |

*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:** MARKUS FALZ

**CEO**

**06/29/2020**

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

\_\_\_\_\_  
Date