

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023636

**Entity Name:** GABAMP LLC

**Current Principal Place of Business:**

260 SUNRISE DR.  
UNIT H  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

260 SUNRISE DR.  
UNIT H  
KEY BISCAYNE, FL 33149

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BABINO DE MARTINEZ, NORKA  
1110 BRICKELL AVE  
STE 430  
MIAMI, FL 33131 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 PERRET, ANA MARIA  
Address 260 SUNRISE DR. UNIT H  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name BETANCOURT, GUSTAVO ADOLFO  
Address 260 SUNRISE DR. UNIT H  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** PERRET, ANA MARIA

MRGM

04/14/2015

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

\_\_\_\_\_  
Date