

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000145035

**Entity Name:** CGI ASSET MANAGEMENT LLC

**Current Principal Place of Business:**

801 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131

**Current Mailing Address:**

801 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131

**FEI Number:** 46-4803954

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           | AUTHORIZED REPRESENTATIVE        |
| Name            | CGI MERCHANT GROUP, LLC          | Name            | FAULI, MARIANA VALDES            |
| Address         | 801 BRICKELL AVENUE<br>SUITE 700 | Address         | 801 BRICKELL AVENUE<br>SUITE 700 |
| City-State-Zip: | MIAMI FL 33131                   | City-State-Zip: | MIAMI FL 33131                   |

*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:** MARIANA VALDES FAULI

**AUTHORIZED  
REPRESENTATIVE**

**03/31/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date