

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000116195

**Entity Name:** GOMES REALTY FLORIDA, LLC

**Current Principal Place of Business:**

4253 CASCADA CIRCLE  
COOPER CITY, FL 33024

**Current Mailing Address:**

4253 CASCADA CIRCLE  
COOPER CITY, FL 33024 US

**FEI Number:** 35-2512458

**Certificate of Status Desired:** No

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

RCG ACCOUNTING & ASSOCIATES INC.  
9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024 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 AMBR  
Name GOMES, PATRICK S  
Address 72 GREATWOOD CRESCENT  
City-State-Zip: OTTAWA ON K2G6T-6

Title AMBR  
Name GOMES, CYNTHIA  
Address 72 GREATWOOD CRESCENT  
City-State-Zip: OTTAWA ON K2G6T-6

Title AMBR  
Name GOMES, KEEGAN T  
Address 72 GREATWOOD CRESCENT  
City-State-Zip: OTTAWA ON K2G6T-6

Title AMBR  
Name GOMES GUZMAN, DIANA P  
Address 72 GREATWOOD CRESCENT  
City-State-Zip: OTTAWA ON K2G6T-6

Title AMBR  
Name GOMES, RACHEL D  
Address 72 GREATWOOD CRESCENT  
City-State-Zip: OTTAWA ON K2G6T-6

*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:** GOMES , PATRICK S

AMBR

04/27/2017

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

\_\_\_\_\_  
Date