

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000100356

**Entity Name:** GI PALM, LLC

**Current Principal Place of Business:**

1601 N. PALM AVENUE  
SUITE 311  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1601 N. PALM AVENUE  
SUITE 311  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 26-1782202

**Certificate of Status Desired:** No

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

DIFIORRE-KIRSCH, CHRISTINE  
14201 W. SUNRISE BLVD.  
SUITE 201  
SUNRISE, FL 33323 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            MOURA, ROSSANA  
Address        1601 N. PALM AVENUE, SUITE 311  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** ROSSANA MOURA ROCHA

**PRESIDENT**

**01/25/2023**

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

\_\_\_\_\_  
Date