

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098159

**Entity Name:** 5GAMUT LLC

**Current Principal Place of Business:**

2050 NE 140ST  
20  
NMB, FL 33181

**Current Mailing Address:**

2050 NE 140ST  
20  
NMB, FL 33181 US

**FEI Number:** 82-2201895

**Certificate of Status Desired:** No

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

TASIC, MOMCILO  
2050 NE 140ST  
20  
NMB, FL 33181 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 TASIC, MOMCILO  
Address 2050 NE 140ST #20  
City-State-Zip: NMB FL 33181

*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:** MOMCILO TASIC

**03/22/2019**

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

\_\_\_\_\_  
Date