

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000219429

**Entity Name:** GEMINI COMMUNICATIONS, LLC

**Current Principal Place of Business:**

12595 SW 137TH AVE.  
SUITE 208  
MIAMI, FL 33186

**FILED**  
**Feb 15, 2022**  
**Secretary of State**  
**1546737254CC**

**Current Mailing Address:**

12595 SW 137TH AVE.  
SUITE 208  
MIAMI, FL 33186 US

**FEI Number:** 82-3635195

**Certificate of Status Desired:** No

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

HALLEY, DIANA T  
12595 SW 137TH AVE.  
SUITE 208  
MIAMI, FL 33186 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:** DIANA T. HALLEY

02/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name WALKER, BENJAMIN H JR  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name WALKER, TAYLOR  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title MGR, SECRETARY  
Name GRUDZIECKI, TERESA  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name BERNSTEIN, STEPHEN J  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name PARKER, LEONARD  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title EXEC. VICE PRESIDENT  
Name MORIARITY, WILLIAM B. III  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title COO  
Name HERNANDEZ, RALPH E.  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

Title CEO  
Name HUBBARD, RICHARD L.  
Address 12595 SW 137TH AVE.  
SUITE 208  
City-State-Zip: MIAMI FL 33186

*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:** TERESA GRUDZIECKI

MANAGER

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date