

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000219429

Entity Name: GEMINI COMMUNICATIONS, LLC

Current Principal Place of Business:

3905 N.W. 107TH AVE., STE. 306
DORAL, FL 33178

Current Mailing Address:

3905 N.W. 107TH AVE., STE. 306
DORAL, FL 33178 US

FEI Number: 82-3635195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALLEY, DIANA T
3905 N.W. 107TH AVE., STE. 306
DORAL, FL 33178 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

10/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, CEO, MGR
Name WALKER, BENJAMIN H JR
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

Title MGR
Name CANGIANO, JOSE
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

Title MGR, SECRETARY
Name GRUDZIECKI, TERESA
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

Title MGR
Name BERNSTEIN, STEPHEN J
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

Title MGR
Name PARKER, LEONARD
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

Title EXEC. VICE PRESIDENT
Name MORIARITY, WILLIAM B. III
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

Title VP
Name HERNANDEZ, RALPH E.
Address 3905 N.W. 107TH AVE., STE. 306
City-State-Zip: DORAL FL 33178

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

10/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date