

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000240249

**Entity Name:** GERARDO & F LLC

**Current Principal Place of Business:**

1441 LINCOLN RD  
UNIT #409  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1441 LINCOLN RD  
UNIT #409  
MIAMI BEACH, FL 33139 US

**FEI Number:** 35-2613342

**Certificate of Status Desired:** Yes

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

FOURCADE, GERARDO J SR  
1441, LINCOLN RD  
UNIT #409  
MIAMI BEACH, FL 33139 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 MGRM  
Name FOURCADE, GERARDO J SR  
Address 1441 LINCONL RD. UNIT 409  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name FOURCADE, VIVIANA SRA  
Address 1441 LINCONL RD. UNIT 409  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name ADRIANA, FOURCADE SRA  
Address 1441 LINCONL RD. UNIT 409  
City-State-Zip: MIAMI BEACH FL 33139

*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:** GERARDO JULIO FOURCADE

**MANAGER**

**03/05/2018**

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

\_\_\_\_\_  
Date