

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000240543

**Entity Name:** GAUCHOMIX LLC

**Current Principal Place of Business:**

6187 NW 167TH STREET  
SUITE H-36  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

6187 NW 167TH STREET  
SUITE H-36  
MIAMI LAKES, FL 33015 US

**FEI Number:** 83-2262100

**Certificate of Status Desired:** No

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

NEWING, JOSE L  
6187 NW 167TH STREET  
SUITE H-36  
MIAMI LAKES, FL 33015 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           MANAGER, AUTHORIZED MEMBER  
Name           NEWING, JOSE L  
Address        6187 NW 167TH STREET  
                  SUITE H-36  
City-State-Zip: MIAMI LAKES FL 33015

Title           MANAGER, AUTHORIZED MEMBER  
Name           PELLEGRINO, VIVIANA I  
Address        6187 NW 167TH STREET  
                  SUITE H-36  
City-State-Zip: MIAMI LAKES FL 33015

Title           MANAGER, AUTHORIZED MEMBER  
Name           NEWING, WILLIAM D  
Address        6187 NW 167TH STREET  
                  SUITE H-36  
City-State-Zip: MIAMI LAKES FL 33015

*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:** JOSE L NEWING

**M**

**01/09/2020**

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

\_\_\_\_\_  
Date