2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000247939

Entity Name: 3058 GATSBY ST LLC

Current Principal Place of Business:

2331 HINSDALE DR KISSIMMEE. FL 34741

Current Mailing Address:

2331 HINSDALE DR

KISSIMMEE, FL 34741 US

FEI Number: 36-4914990 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALENCIA, LUIS H 2331 HINSDALE DR KISSIMMEE, FL 34741 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

FILED Jun 16, 2020

Secretary of State

3580990594CC

Authorized Person(s) Detail :

Title MGR Title MGR

 Name
 VALENCIA, LUIS H
 Name
 CANO, STELLA LUZ

 Address
 2331 HINSDALE DR
 Address
 2331 HINSDALE DR

 City-State-Zip:
 KISSIMMEE FL 34741
 City-State-Zip:
 KISSIMMEE FL 34741

Title MGR Title MGR

NameVALENCIA, ALVARO WILLIAMNameVALENCIA, SOR FANERYAddress2331 HINSDALE DRAddress2331 HINSDALE DRCity-State-Zip:KISSIMMEE FL 34741City-State-Zip: KISSIMMEE FL 34741

Title MGR Title MGR

Name VALENCIA, MARTHA E Name VALENCIA, OSCAR FABIAN

Address 2331 HINSDALE DR Address 2331 HINSDALE DR

City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: KISSIMMEE FL 34741

Title MGR Title MGR

Name VALENCIA, DORIS YANED Name VALENCIA OSSA, MARIORE DEL

SOCORRO

Address 2331 HINSDALE DR Address 2331 HINSDALE DR

City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: KISSIMMEE FL 34741

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: MARIORE DEL SOCORRO VALENCIA OSSA

MANAGER

06/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date