

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000285151

**Entity Name:** GAMLVN LLC

**Current Principal Place of Business:**

13485 SOUTHERN WAY  
WINDERMERE, FL 34786

**Current Mailing Address:**

13485 SOUTHERN WAY  
WINDERMERE, FL 34786 US

**FEI Number: 83-3179015**

**Certificate of Status Desired: No**

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

ALFORD, GABRIELLA  
13485 SOUTHERN WAY  
WINDERMERE, FL 34786 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	MGR	Title	MGR
Name	ALFORD, GABRIELLA	Name	NERIKAR, VIVEK
Address	13485 SOUTHERN WAY	Address	4019 NW 17TH PL
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	GAINESVILLE FL 32605

*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: VIVEK NERIKAR**

**MGR**

**03/15/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date