

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000028501

**Entity Name:** GTGM, LLC

**Current Principal Place of Business:**

3000 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

3000 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

**FEI Number:** 83-3422699

**Certificate of Status Desired:** No

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

SAND, STACY CPA  
6538 COLLINS AVE  
429  
MIAMI BEACH, FL 33141 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 AMBR  
Name ECHARTE, GUILLERMO  
Address 3000 ROYAL PALM AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name ECHARTE, THERESA K  
Address 3000 ROYAL PALM AVE  
City-State-Zip: MIAMI BEACH FL 33140

Title AUTHORIZED REPRESENTATIVE  
Name ECHARTE, GUILLERMO P  
Address 84 ST JAMES ST  
#4  
City-State-Zip: BROOKLYN NY 11238

Title AUTHORIZED REPRESENTATIVE  
Name ECHARTE, MAX  
Address 111 N THIRD ST  
APT 2D  
City-State-Zip: BROOKLYN NY 11249

*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:** THERESA K ECHARTE

**MANAGER**

**01/29/2023**

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

\_\_\_\_\_  
Date