

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000174735

**Entity Name:** GAMA IVB SOLUTIONS LLC

**Current Principal Place of Business:**

5087 NORTHLAWN WAY  
ORLANDO, FL 32811

**Current Mailing Address:**

5087 NORTHLAWN WAY  
ORLANDO, FL 32811 US

**FEI Number:** 85-1673371

**Certificate of Status Desired:** No

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

BT7 PARTNERS TAX COMPLIANCE SERVICES LLC  
7680 UNIVERSAL BLVD  
SUITE 380  
ORLANDO, FL 32819 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:** LEANDRO NOGUEIRA

04/13/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                              |
|-----------------|--------------------|-----------------|------------------------------|
| Title           | MGR                | Title           | MGR                          |
| Name            | GAMA, RAFAEL F     | Name            | DOS SANTOS VALENTE, ISABEL C |
| Address         | 5087 NORTHLAWN WAY | Address         | 5087 NORTHLAWN WAY           |
| City-State-Zip: | ORLANDO FL 32811   | City-State-Zip: | ORLANDO FL 32811             |

*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:** RAFAEL F GAMA

MGR

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date