

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000473953

Entity Name: GRABEE LLC**Current Principal Place of Business:**66 WEST FLAGLER STREET
STE 900, #6573
MIAMI, FL 33130**Current Mailing Address:**66 WEST FLAGLER STREET
STE 900, #6573
MIAMI, FL 33130 US**FEI Number:** 87-3449449**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESMARTKEEP LLC
66 WEST FLAGLER
STE 900
MIAMI, FL 33130 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:** MARCO PADILLA

03/11/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FLEITAS LIBI, GABRIEL
Address 401 ARVIDA PARKWAY
City-State-Zip: CORAL GABLES FL 33156

Title AMBR
Name D'SOLA GARCIA, STEPHANNY
Address 401 ARVIDA PARKWAY
City-State-Zip: CORAL GABLES FL 33156

Title AMBR
Name D'SOLA GARCIA, HENRY LORD
Address 401 ARVIDA PARKWAY
City-State-Zip: CORAL GABLES FL 33156

Title AMBR
Name KAFIE BATRES, DANIEL
Address 1925 BRICKELL AVE D1601
City-State-Zip: MIAMI FL 33129

Title AMBR
Name MADURO ATALA, ANDRES ARTURO
Address 801 BRICKELL KEY BLVD 709
City-State-Zip: MIAMI FL 33131

Title MGR
Name FLEITAS LIBI, GABRIEL
Address 401 ARVIDA PARKWAY
City-State-Zip: CORAL GABLES FL 33156

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: GABRIEL FLEITAS LIBI

CEO

03/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date