

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000484429

**Entity Name:** GERELF LLC

**Current Principal Place of Business:**

10185 COLLINS AVE.  
PH.09  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

215 ARKANSAS DRIVE  
BROOKLYN, NY 11234

**FEI Number:** 87-3481896

**Certificate of Status Desired:** No

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

FELDMAN, IRINA  
10185 COLLINS AVE.  
PH.09  
BAL HARBOUR, FL 33154 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            FELDMAN, IRINA  
Address        10185 COLLINS AVE.    APT.PH09  
City-State-Zip: BAL HARBOUR FL 33154

Title            AMBR  
Name            GERCHIK, ALEXANDER  
Address        10185 COLLINS AVE.    APT.PH09  
City-State-Zip: BAL HARBOUR FL 33154

*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:** IRINA FELDMAN

AMBR

01/26/2023

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

\_\_\_\_\_  
Date