

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000093347

**Entity Name:** COMMITRADE LLC

**Current Principal Place of Business:**

1 ALHAMBRA PLAZA  
PH FLOOR  
MIAMI, FL 33134

**FILED**  
**Jan 22, 2024**  
**Secretary of State**  
**7618551033CC**

**Current Mailing Address:**

PO BOX 12317  
MIAMI, FL 33101

**FEI Number: 30-1298906**

**Certificate of Status Desired: Yes**

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

GORGAS, CHRISTODOULOS  
888 BISCAYNE BLVD  
4901  
MIAMI, FL 33132 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	PRESIDENT	Title	AUTHORIZED MEMBER
Name	GORGAS, CHRISTODOULOS	Name	GORGAS, ALEXANDROS
Address	888 BISCAYNE BLVD 4901	Address	888 BISCAYNE BLVD 4901
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132
Title	DIRECTOR		
Name	GOMEZ PEREZ, ALEJANDRA		
Address	1756 NORTH BAYSHORE DRIVE 15B		
City-State-Zip:	MIAMI FL 33132		

*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: CHRISTODOULOS GORGAS**

**PRESIDENT**

**01/22/2024**

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

\_\_\_\_\_  
Date