

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000093347

**Entity Name:** COMMITRADE LLC

**Current Principal Place of Business:**

1 ALHAMBRA PLAZA  
PH FLOOR  
MIAMI, FL 33134

**FILED**  
**Feb 18, 2023**  
**Secretary of State**  
**7001242939CC**

**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  
Name            GORGAS, CHRISTODOULOS  
Address        PO BOX 12317  
City-State-Zip: MIAMI FL 33101

Title            AUTHORIZED MEMBER  
Name            GORGAS, ALEXANDROS  
Address        PO BOX 12317  
City-State-Zip: MIAMI FL 33101

Title            DIRECTOR  
Name            GOMEZ PEREZ, ALEJANDRA  
Address        PO BOX 12317  
City-State-Zip: MIAMI FL 33101

Title            DIRECTOR  
Name            VARGAS, LEEANN  
Address        PO BOX 12317  
City-State-Zip: MIAMI FL 33101

*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**

**02/18/2023**

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

\_\_\_\_\_  
Date