

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

DOCUMENT# L22000349167

**Entity Name:** GABY & CLAU LLC

**Current Principal Place of Business:**

282 NE 2ND STREET  
APT # 209  
MIAMI, FL 33132

**Current Mailing Address:**

282 NE 2ND STREET  
APT # 209  
MIAMI, FL 33132 US

**FEI Number:** 36-5031631

**Certificate of Status Desired:** No

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

GLEREAN, GABRIEL A  
1770 NW 23RD ST  
MIAMI, FL 33142 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 GLEREAN, GABRIEL A  
Address 1770 NW 23RD ST  
City-State-Zip: MIAMI FL 33142

*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 A GLEREAN

AMBR

10/04/2023

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

\_\_\_\_\_  
Date