2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000016832

Entity Name: GABRIELA HEARST LLC

Current Principal Place of Business:

210 ELEVENTH AVE., STE. 302 NEW YORK, NY 10001

Current Mailing Address:

210 ELEVENTH AVE., STE. 302 NEW YORK, NY 10001 US

FEI Number: 47-3379552

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Mar 06, 2024 Secretary of State 2336186793CC

Date

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	COBM	Title	MGR
Name	HEARST, AUSTIN	Name	PEREZUTTI HEARST, GABRIELA
Address	210 ELEVENTH AVE., STE. 302	Address	210 ELEVENTH AVE., STE. 302
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	MGR	Title	MGR
Name	BERCOVY, JULIE	Name	SMITH, GENA
Address	210 ELEVENTH AVE., STE. 302	Address	210 ELEVENTH AVE., STE. 302
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	MGR	Title Name	MGR DE LAVALETTE. STEPHANIE
Title Name Address	MGR SAINT DONAT, BERNARD 210 ELEVENTH AVE., STE. 302		MGR DE LAVALETTE, STEPHANIE 210 ELEVENTH AVE., STE. 302
Name	SAINT DONAT, BERNARD	Name	DE LAVALETTE, STEPHANIE
Name Address City-State-Zip: Title	SAINT DONAT, BERNARD 210 ELEVENTH AVE., STE. 302 NEW YORK NY 10001 MGR	Name Address	DE LAVALETTE, STEPHANIE 210 ELEVENTH AVE., STE. 302
Name Address City-State-Zip:	SAINT DONAT, BERNARD 210 ELEVENTH AVE., STE. 302 NEW YORK NY 10001	Name Address City-State-Zip: Title	DE LAVALETTE, STEPHANIE 210 ELEVENTH AVE., STE. 302 NEW YORK NY 10001 TREASURER
Name Address City-State-Zip: Title Name	SAINT DONAT, BERNARD 210 ELEVENTH AVE., STE. 302 NEW YORK NY 10001 MGR COLIN, THIERRY	Name Address City-State-Zip: Title Name	DE LAVALETTE, STEPHANIE 210 ELEVENTH AVE., STE. 302 NEW YORK NY 10001 TREASURER KENNEY, ANGELA 210 ELEVENTH AVE., STE. 302

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: ANGELA KENNEY

DIRECTOR OF FINANCE 03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date